NCI FACT BOOK

1985

National
Cancer
Program

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

Public Health
Service

National
Institutes of
Health

NCI FACT BOOK

National Cancer Program
1985

FOR ADMINISTRATIVE USE

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service National Institutes of Health

PREFACE

The information set forth in this publication is compiled and amended annually by the Financial Management Staff of the National Cancer Institute and is intended primarily for use by members of the Institute staff, the principal advisory groups to the Institute and others involved in the administration and management of the National Cancer Program. Questions regarding any of the information contained herein may be directed to the Financial Manager, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20892.

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* NCI Executive Committee Members

YEAR 2000 GOALS AND OBJECTIVES

The National Cancer Institute established a goal of reducing cancer mortality by 50 percent by the year 2000. This optimistic endeavor is made quite achievable both because of the promise of today's scientific opportunities and the record of accomplishments of the past decade. This effort is primarily based on aggressive application of existing knowledge about cancer prevention, screening, early detection, and treatment, and on the application of future gains in knowledge in treatment and prevention regimens that can reasonably be expected over the next decade and a half.

In order to fulfill the goal of 50 percent mortality reduction by the year 2000, four main areas will continue to be pursued and emphasized—smoking prevention and cessation, dietary modification, early detection of cancer through effective screening, and widespread application of the latest achievements in basic research which allow new and effective treatment regimens.

The following depicts NCI areas to be emphasized and objectives necessary to achieve its year 2000 goal:

CONTROL AREA	BRIEF RATIONALE	YEAR 2000 OBJECTIVE
Prevention/ Smoking	The causal relationship between smoking and cancer has been scientifically established	— Reduce the percentage of adults who smoke from 34 percent (in 1983) to 15 percent or less. — Reduce the percentage of youths who smoke by age 20 from 36 percent (in 1983) to 15 percent or less.
Prevention/ Diet	Research indicates that high-fat and low-fiber consumption may increase the risk for various cancers. In 1983 NAS reviewed research on diet and cancer and recommended a reduction in fat; more recent studies led NCI to recommend an increase in fiber. Research is underway to verify the causal relationship and to test the impact on cancer incidence.	— Reduce average consumption of fat from 40 percent to 30 percent or less of total calories — Increase average consumption of fiber from 8 to 12 grams per day to 20 to 30 grams per day.
Screening/ Breast	The effectiveness of breast screening in reducing mortality has been scientifically established.	— Increase the percentage of women ages 50 to 70 who have annual physical breast exam and mammography from 45 percent for physical exam alone and 15 percent for mammography to 80 percent for each.
Screening/ Cervical	The effectiveness of cervical screening in reducing mortality has been scientifically established.	— Increase the percentage of women who have a Pap smear every 3 years to 90 percent from 79 percent (ages 20 to 39) and to 80 percent from 57 percent (ages 40 to 70).
Treatment/ Transfer of Research Results to Practice	NCI review of clinical trial and SEER data indicates that, for certain cancer sites, mortality in SEER is greater than mortality experienced in clinical trials.	— Increase adoption of state-of the-art treatment, including improved treatment of micrometastases.

SIGNIFICANT INITIATIVES IN 1985

Progress in Acquired Immune Deficiency Syndrome (AIDS)

Current NCI activities in AIDS research have yielded promising results in clarifying the genesis of this immunological disease, as well as in approaching suitable, effective methods of control and treatment.

The possibility of new cases of transmission of HTLV-III, the virus found to be the cause of AIDS, through infected blood or blood products has been virtually eliminated. A simple blood screening test has been developed which can detect the presence of antibodies to HTLV-III, an indication that the donor has been exposed to the virus.

In the area of treatment, agents are currently being tested which have shown anti-HTLV activity, along with others which exhibit this anti-reverse transcriptase activity while being relatively free from dangerous side-effects. Currently, agents are being sought and tested for the possibility of restoring severly damaged or lost immune function.

NCI is currently working in conjunction with the National Institute of Allergy and Infectious Diseases (NIAID) to cooperatively attack the problem of AIDS. Efforts include acquisition and screening of new antiviral drugs, selection of new drugs for clinical trials, preclinical toxicology, formulation, and pharmacology of these promising agents, preparation of Investigational New Drug Applications for any promising anti-AIDS agents, joint clinical trials, and expansion of efforts to develop and test a safe and effective vaccine.

National Cancer Institute Acquired Immune Deficiency Syndrome Funding

(Dollars in Thousands)

	ACTUALS		
	FY 1983	FY 1984	FY 1985
Funding	$9,790	$16,627	$26,874

Cancer Prevention Awareness Program

Today we know that nearly 80 percent of cancers are related to environmental causes, many associated with personal behavior such as cigarette smoking and eating habits. However, a survey conducted by the NCI in June 1983 revealed that the public's view of cancer is confused; people are pessimistic about cancer risks and the potential for personal control over those risks.

In March 1984, NCI introduced the Cancer Prevention Awareness Program—a major NCI effort to increase public awareness of the possibilities for cancer prevention, presenting a challenge to the American people to learn what they can do every day to control their own risks.

The program theme, "Cancer Prevention: The News is Getting Better all the Time", encourages optimism. Messages emphasize personal control, explaining that every day individuals can take steps to control their own cancer risks. For example, don't smoke or use tobacco in any form; eat foods high in fiber and low in fat; and include fresh fruits, vegetables, and whole grain cereals in your daily diet.

The program is being implemented in two phases. Phase I relies primarily on mass-media efforts to create awareness of prevention messages and to encourage people to learn about cancer prevention from a free NCI booklet available by calling 1-800-4-CANCER. With Phase II of the program, which began in 1985, the emphasis shifted from the general public toward populations at greater than average risks, and in May, NCI launched a program for Black Americans. Efforts are also underway to reach Hispanics, Asian Americans, children and youth, and women.

The program also initiated a diet and nutrition education program in 1985. A free booklet "Diet, Nutrition and Cancer Prevention: A Guide to Food Choices", which provides many suggestions for more healthful eating habits, was published and distributed.

Outstanding Investigator Grant (OIG)

The Outstanding Investigator Grant is a new seven-year renewable grant which is intended to provide stable support to an investigator who has been conspicuously productive in cancer

research in the recent past. A total of 99 applications were subjected to review in 1985. Over 300 reviewers participated in the peer-review process.

OIG Funding

(Dollars in Thousands)

	Number	Priority Score	Costs
Approved . . .	99		$46,240
Awarded by NCI . . .	23	155	7,896

PDQ Database Licensing

The International Cancer Information Center (ICIC), Office of International Affairs (OIA), NCI, serves as the focal point for the collection and dissemination of scientific data on all research related to cancer biology, etiology, prevention, and treatment. A major effort of the ICIC has been the development of a user friendly database on cancer treatment. This database, known as PDQ, is being utilized to speed the dissemination of information on progress in cancer treatment to practicing physicians throughout the world. In conjunction with the National Library of Medicine (NLM), NCI distributes PDQ through the MEDLARS system at over 2,800 medical libraries and to individual physicians who request personal PDQ codes.

In order to facilitate more widespread use of the PDQ database, the NCI also makes PDQ tapes available to commercial vendors for distribution to physicians. Three vendors, BRS/Saunders (COLLEAGUE) of New York, Mead Data Central (MEDIS) of Dayton, Ohio, and TELMED, a firm based in Geneva, Switzerland, have signed licensing agreements with NCI. The NCI is actively seeking additional vendors to distribute PDQ to physicians worldwide. Interested parties should contact:

PDQ Coordinator
International Cancer Information Center
Office of International Affairs
National Cancer Institute
9030 Old Georgetown Road
Bethesda, Maryland 20892

Supercomputer

The past decade has witnessed the advent of a "biological revolution"—gene cloning, rapid DNA sequencing, and the application of monoclonal antibodies in the detection and treatment of disease. This has led to a complex of data that, like the study of DNA previously, would seem to be impossible to fully analyze. With the rapid increase in computer technology, the use of supercomputers in biomedical research brings the solution to these extremely complex problems into the realm of reality. To meet this need, NCI has acquired a supercomputer to be housed at the Frederick Cancer Research Facility.

There are a number of urgent scientific problems that need the power of a supercomputer. These include: analysis of the growing data bases of nucleic acid and protein sequences; experimental design of modified genes and proteins; X-ray crystallography in the analysis of the structure of genes and proteins; and molecular modeling in terms of drug design, enzyme inhibitors and various permutations.

The application of supercomputer technology is bound to accelerate our knowledge of biological processes and of life itself—rapidly increasing our ability to prevent and treat cancer. The supercomputer is scheduled to be operational in April 1986.

DIRECTOR'S BIOGRAPHY

Vincent T. DeVita, Jr., M.D.

Vincent T. DeVita, Jr., M.D., has served as Director of the National Cancer Institute (NCI) since his Presidential appointment on July 9, 1980. Dr. DeVita joined NCI initially in 1963 as a clinical associate in the Laboratory of Chemical Pharmacology, leaving in 1965 to complete his advanced training in medicine at Yale—New Haven Medical Center.

He served NCI consecutively as a senior investigator in the Solid Tumor Service, Head of the Solid Tumor Service, Chief of the Medicine Branch, and Director of the Division of Cancer Treatment from 1974 until his appointment as NCI director. In addition, he has served concurrently as NCI Clinical Director since 1975.

Dr. DeVita earned his B.S. degree at the College of William and Mary in 1957. He was awarded his M.D. degree with distinction by The George Washington University School of Medicine in 1961. He was Associate Professor of Medicine from 1971 to 1975 and, since 1975, Professor of Medicine at The George Washington University School of Medicine.

In 1972, Dr. DeVita received the Albert and Mary Lasker Medical Research Award for his contribution to the cure of Hodgkin's disease. In 1980, he was awarded the Griffuel Prize by the French Association for the Development of Research on Cancer, again for his important contributions to cancer chemotherapy, particularly the development of multiple-drug therapy for Hodgkin's disease and diffuse histiocytic lymphoma.

He was awarded an honorary Doctor of Science degree from the College of William and Mary in 1982, the Alumni Achievement Award from The George Washington University, and an honorary Doctor of Science degree from Ohio State University in 1983, and an honorary Doctor of Science degree from The George Washington University School of Medicine in 1984. He was elected to the Institute of Medicine of the National Academy of Sciences and received several awards in 1985. The awards are the Pierluigi Nervi Award in Italy, the American Cancer Society's Medal of Honor, and the Second Annual Award from the American Italian Foundation for Cancer Research.

He is past-president and board member of the American Society of Clinical Oncology, has served on the board of directors of the American Association for Cancer Research and as a member of the panel of consultants to the International Union Against Cancer.

Dr. DeVita serves on the editorial boards of numerous scientific journals and is author and coauthor of more than 300 scientific articles. In addition, he is one of the editors and authors of *Cancer: Principles and Practice of Oncology,* a comprehensive textbook in the field of cancer medicine.

PRESIDENT'S CANCER PANEL

	EXPIRATION OF APPOINTMENT
Armand Hammer, M.D., *Chairman* Occidental International Corporation Washington, D.C.	1987
William P. Longmire, Jr., M.D. Center for Health Sciences University of California Los Angeles, California	1988
John A. Montgomery, Ph.D. Southern Research Institute Birmingham, Alabama	1986

EXECUTIVE SECRETARY

Elliott H. Stonehill, Ph.D.
National Cancer Institute
Bethesda, Maryland

NATIONAL CANCER ADVISORY BOARD

APPOINTEES	EXPIRATION OF APPOINTMENT
Dr. David Korn, *Chairman* Stanford University Stanford, California	1990
Mr. Richard A. Bloch Kansas City, Missouri	1988
Dr. Roswell K. Boutwell Radiation Effects Research Foundation Minami-ward Hiroshima 730, Japan	1990
Dr. Victor Braren Vanderbilt University School of Medicine Nashville, Tennessee	1988
Mrs. Helene G. Brown Jonsson Comprehensive Cancer Center Los Angeles, California	1990
Dr. Ed L. Calhoon Beaver, Oklahoma	1988
Dr. Tim Lee Carter Tompkinsville, Kentucky	1988
Dr. Gertrude B. Elion Burroughs Wellcome Company Research Triangle Park, North Carolina	1990
Dr. Robert C. Hickey M.D. Anderson Hospital and Tumor Institute Houston, Texas	1986
Dr. Geza J. Jako Institute for Research in Laser Surgery Melrose, Massachusetts	1988
Dr. Joseph G. Katterhagen Tacoma General Hospital Tacoma, Washington	1986
Ms. Rose Kushner Breast Cancer Advisory Center Kensington, Maryland	1986
Ann Landers Field Newspaper Syndicate Chicago, Illinois	1986
Dr. LaSalle D. Lefall, Jr. Howard University Hospital Washington, DC	1986
Dr. Enrico Mihich Roswell Park Memorial Hospital Buffalo, New York	1990
Dr. William E. Powers Harper Grace Hospital Detroit, Michigan	1986
Dr. Louise C. Strong M.D. Anderson Hospital and Tumor Institute Houston, Texas	1990

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Washington, DC

Dr. John Gronvall
Veterans Administration
Washington, DC

The Honorable Margaret M. Heckler
Secretary for Health and Human Services

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Office of Science and Technology Policy
Washington, DC

The Honorable William E. Mayer
Department of Defense
Washington, D.C.

Dr. J. Donald Millar
National Institute for Occupational Safety and Health
Atlanta, Georgia

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National Institute of Environmental Health Sciences
Research Triangle Park, North Carolina

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Environmental Protection Agency
Washington, DC

Mr. Terrance Scanlon
Consumer Product Safety Commission
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Office of Chief of Naval Operations
Washington, DC

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National Institute for Occupational Safety and Health
Atlanta, Georgia

Dr. Elizabeth L. Anderson
Environmental Protection Agency, RD 675
Washington, DC

Dr. Andrew Ulsamer
Consumer Product Safety Commission
Bethesda, Maryland

Vacant
Food and Drug Administration
Rockville, Maryland

EXECUTIVE SECRETARY

Mrs. Barbara S. Bynum
National Cancer Institute, NIH
Bethesda, Maryland

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DIVISION OF CANCER BIOLOGY AND DIAGNOSIS

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Barbara A. Hamkalo, Ph.D.	1987	Sondra Schlesinger, Ph.D.	1986	Susan Zolla-Pazner, Ph.D.	1986
Nancy E. Kleckner, Ph.D.	1987	John D. Stobo, M.D.	1986		

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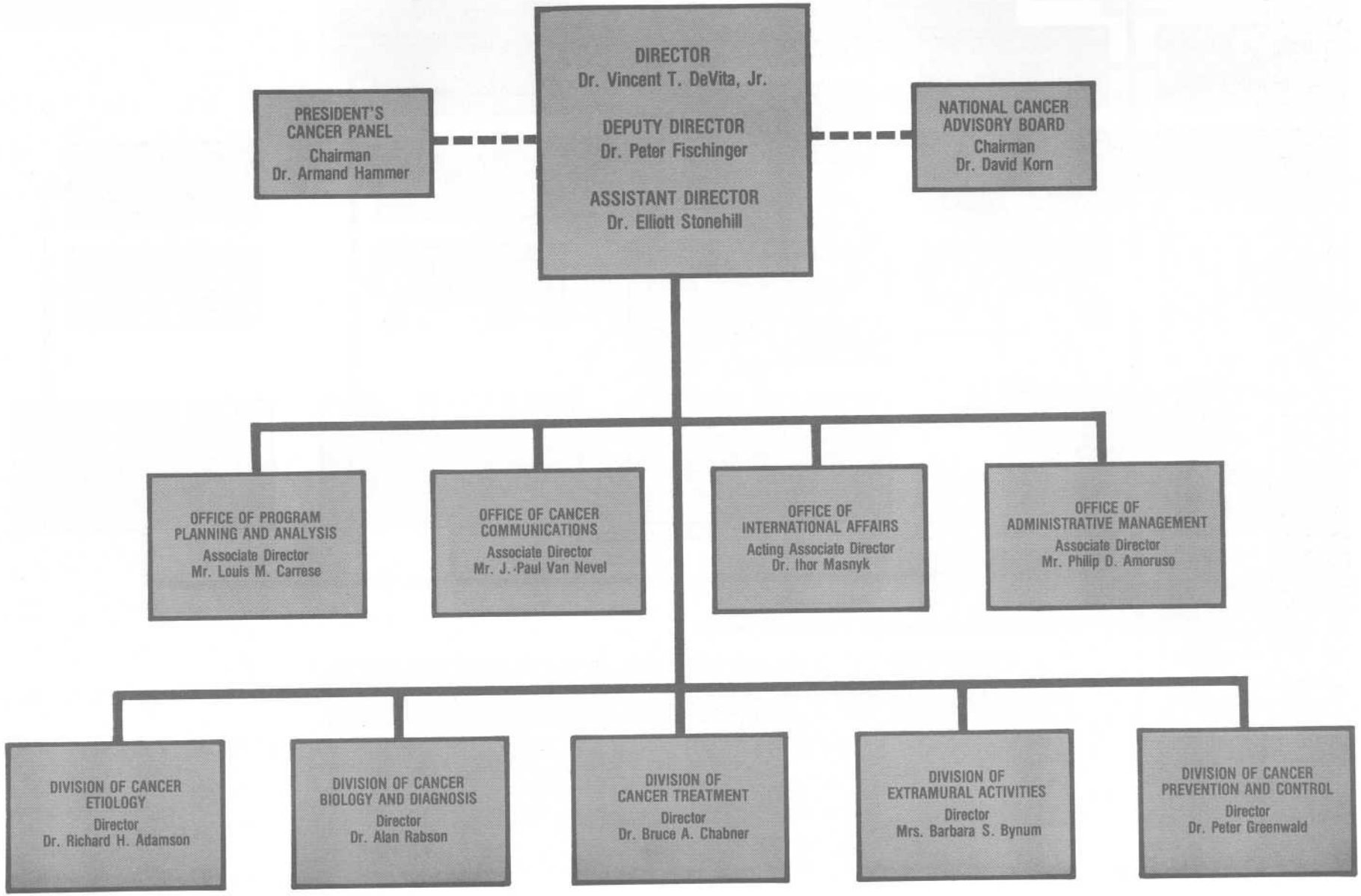
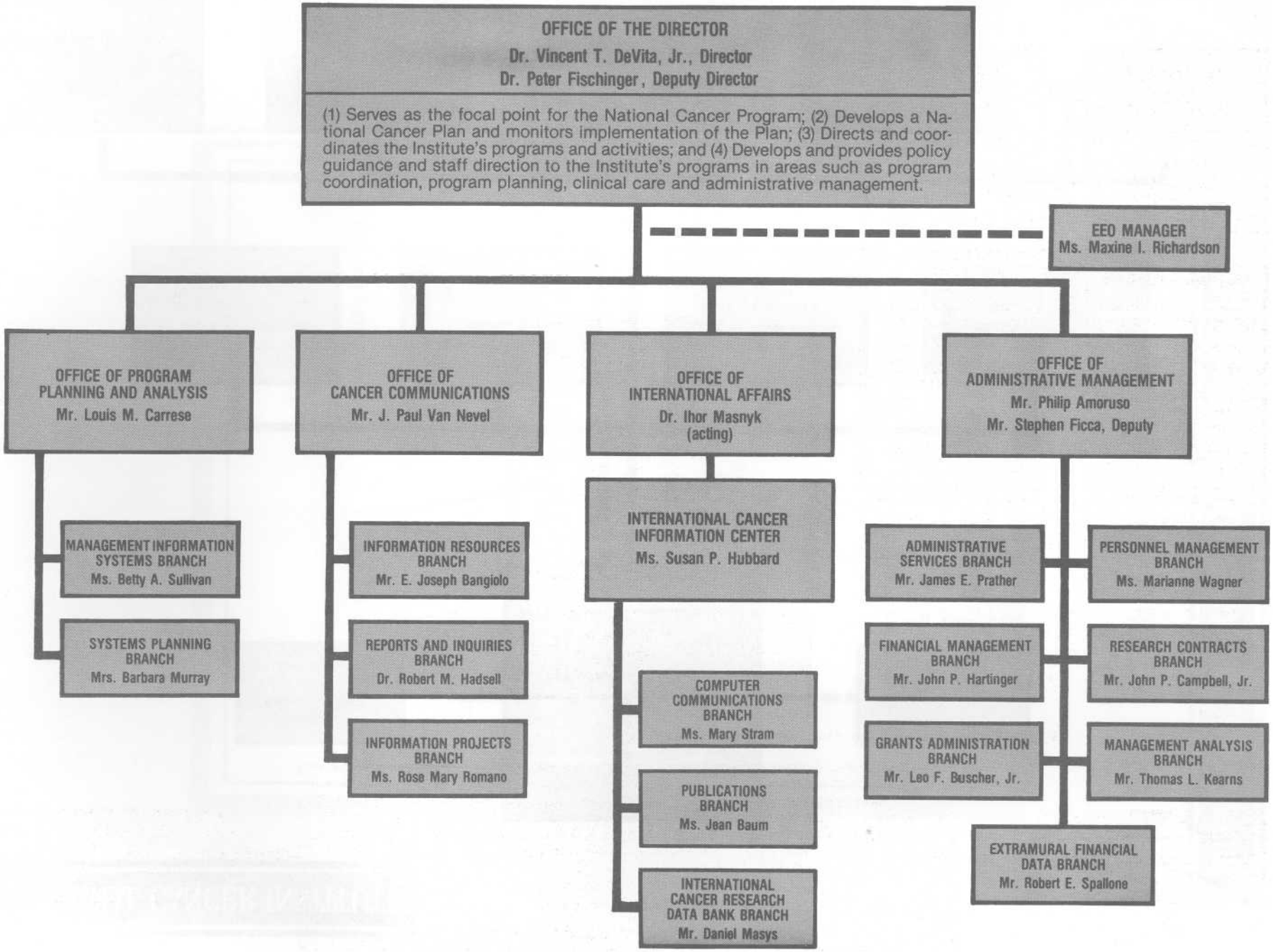
Dr. Peter Greenwald
Director, Division of Cancer Prevention and Control

Dr. Alan Rabson
Director, Division of Cancer Biology and Diagnosis

Ms. Iris Schneider
Executive Secretary

NATIONAL CANCER INSTITUTE




OFFICE OF THE DIRECTOR
Dr. Vincent T. DeVita, Jr., Director
Dr. Peter Fischinger, Deputy Director
(1) Serves as the focal point for the National Cancer Program; (2) Develops a National Cancer Plan and monitors implementation of the Plan; (3) Directs and coordinates the Institute's programs and activities; and (4) Develops and provides policy guidance and staff direction to the Institute's programs in areas such as program coordination, program planning, clinical care and administrative management.
EEO MANAGER
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Mr. Louis M. Carrese
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Ms. Mary Stram
PUBLICATIONS BRANCH
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INTERNATIONAL CANCER RESEARCH DATA BANK BRANCH
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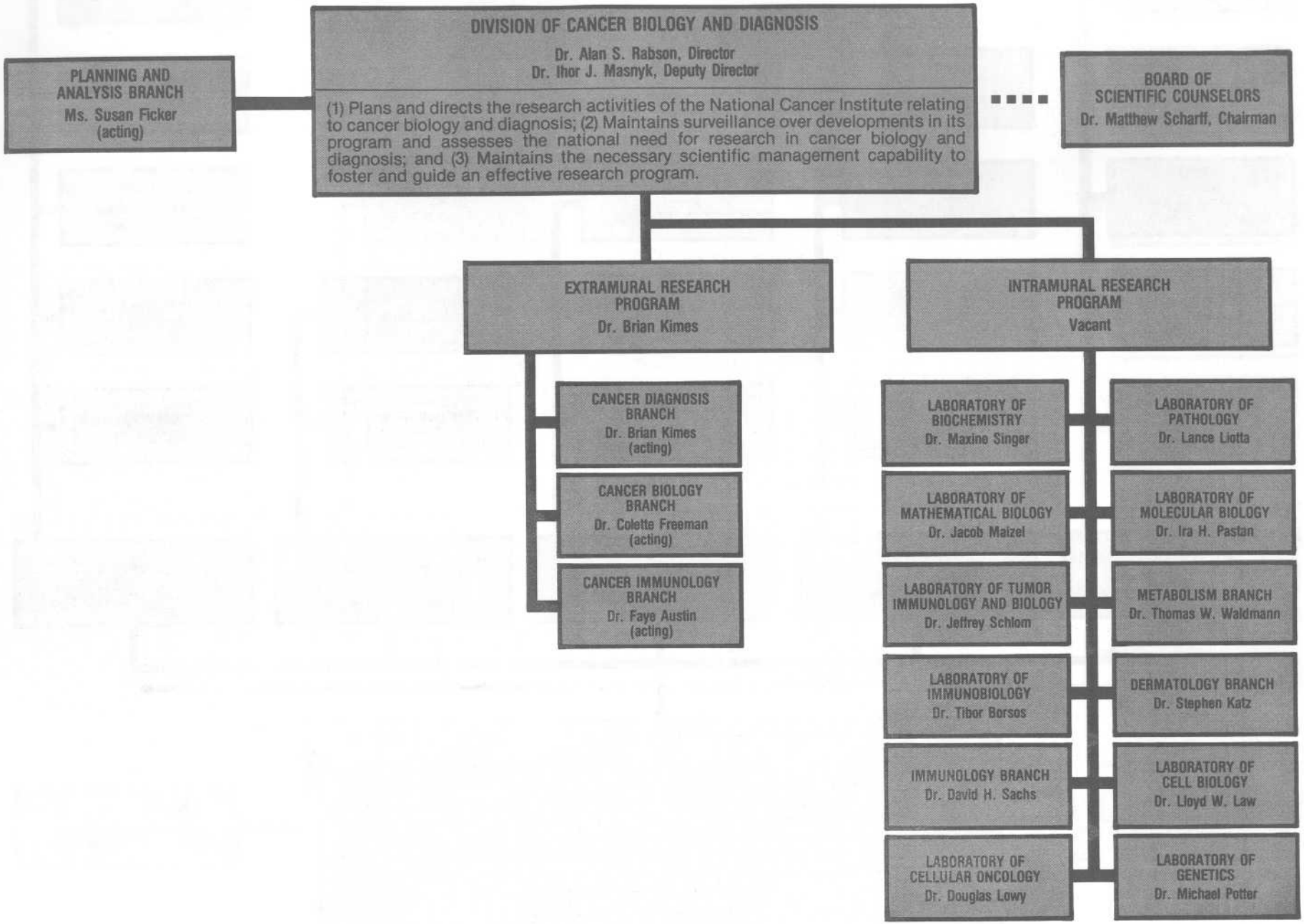
DIVISION OF CANCER BIOLOGY AND DIAGNOSIS
Dr. Alan S. Rabson, Director
Dr. Ihor J. Masnyk, Deputy Director
(1) Plans and directs the research activities of the National Cancer Institute relating to cancer biology and diagnosis; (2) Maintains surveillance over developments in its program and assesses the national need for research in cancer biology and diagnosis; and (3) Maintains the necessary scientific management capability to foster and guide an effective research program.
PLANNING AND ANALYSIS BRANCH
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Dr. Brian Kimes (acting)
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CANCER IMMUNOLOGY BRANCH
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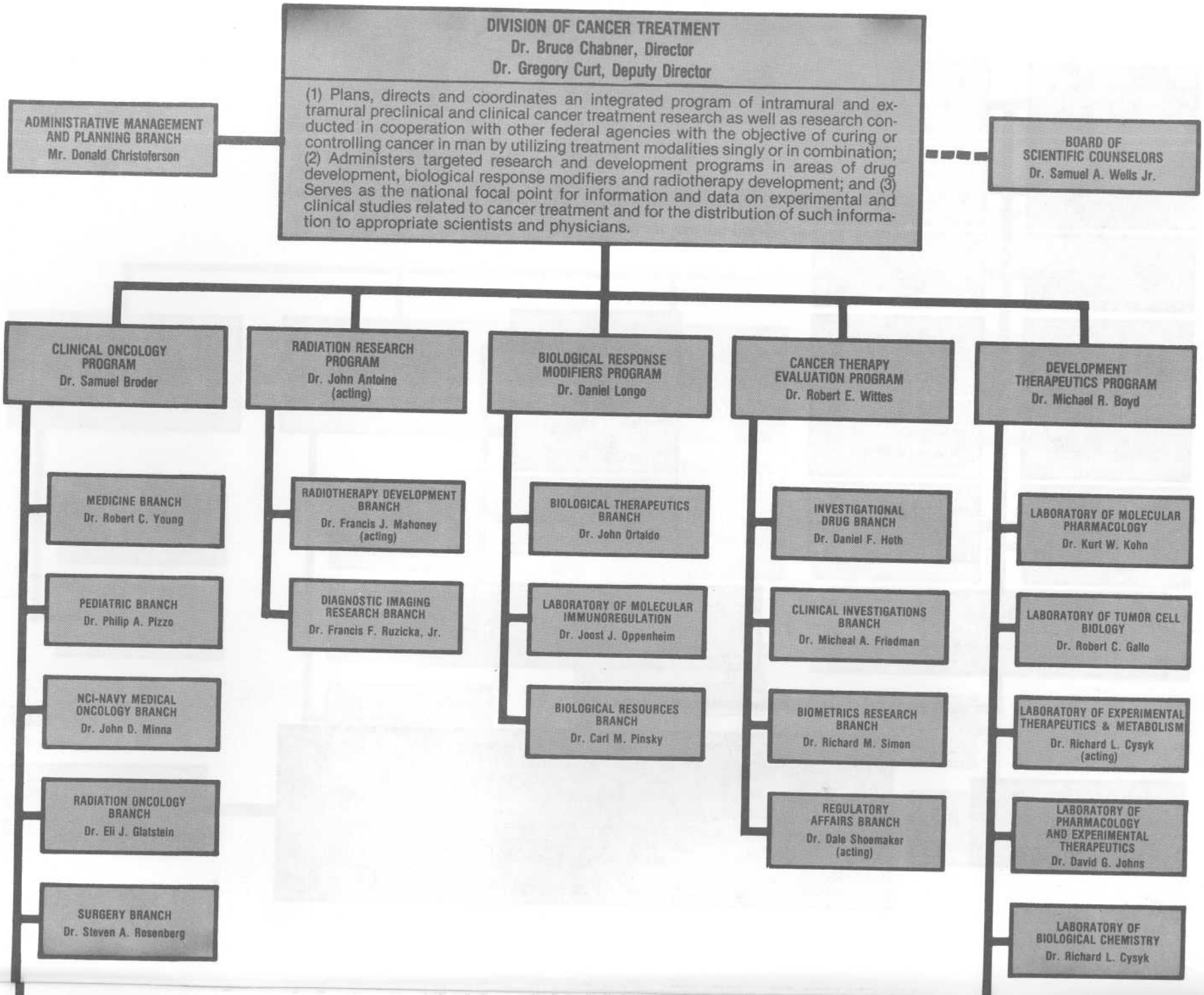
LABORATORY OF CELLULAR ONCOLOGY
Dr. Douglas Lowy
LABORATORY OF GENETICS
Dr. Michael Potter


DIVISION OF CANCER TREATMENT
Dr. Bruce Chabner, Director
Dr. Gregory Curt, Deputy Director
(1) Plans, directs and coordinates an integrated program of intramural and extramural preclinical and clinical cancer treatment research as well as research conducted in cooperation with other federal agencies with the objective of curing or controlling cancer in man by utilizing treatment modalities singly or in combination; (2) Administers targeted research and development programs in areas of drug development, biological response modifiers and radiotherapy development; and (3) Serves as the national focal point for information and data on experimental and clinical studies related to cancer treatment and for the distribution of such information to appropriate scientists and physicians.
ADMINISTRATIVE MANAGEMENT AND PLANNING BRANCH
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Dr. Samuel Broder
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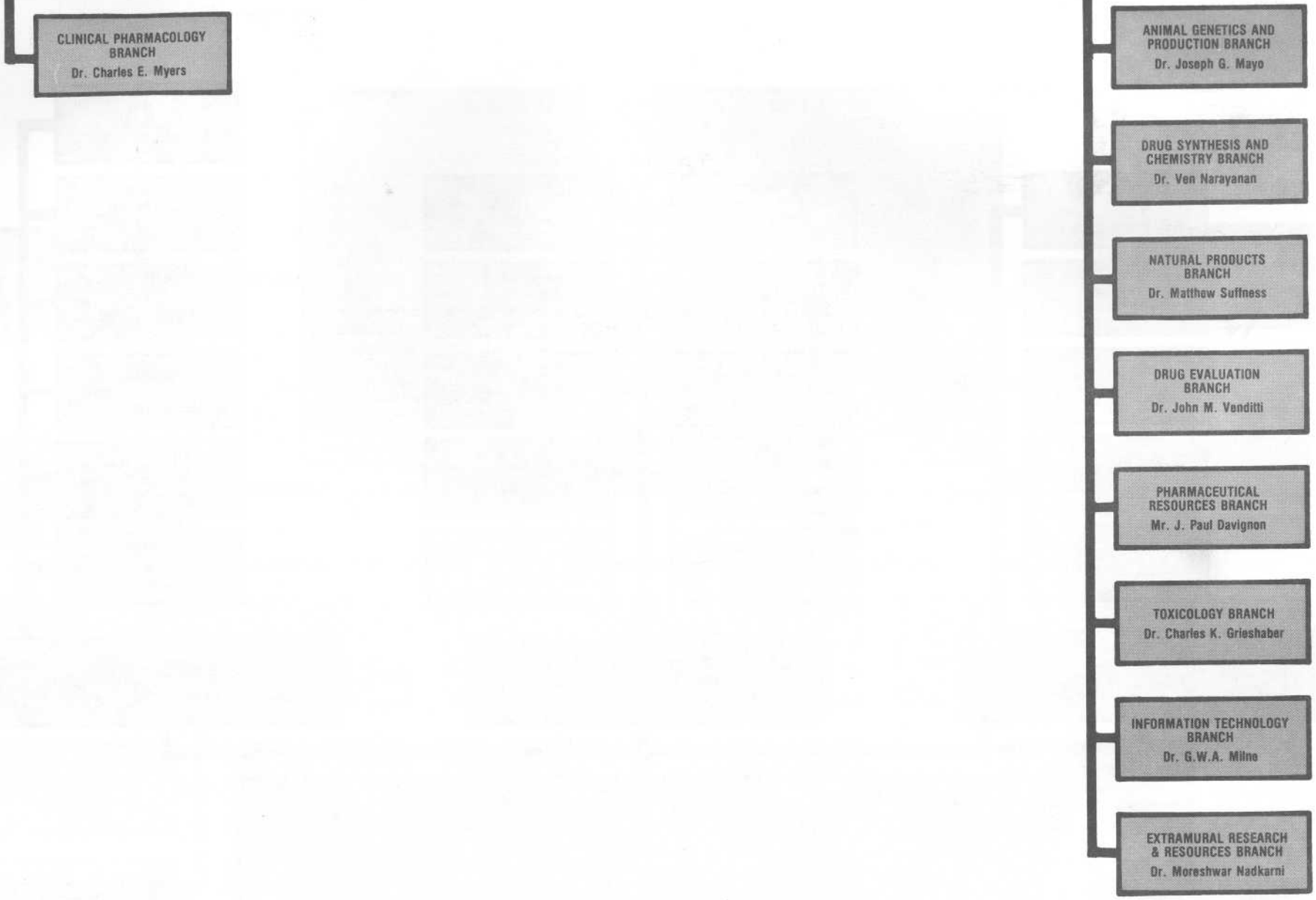
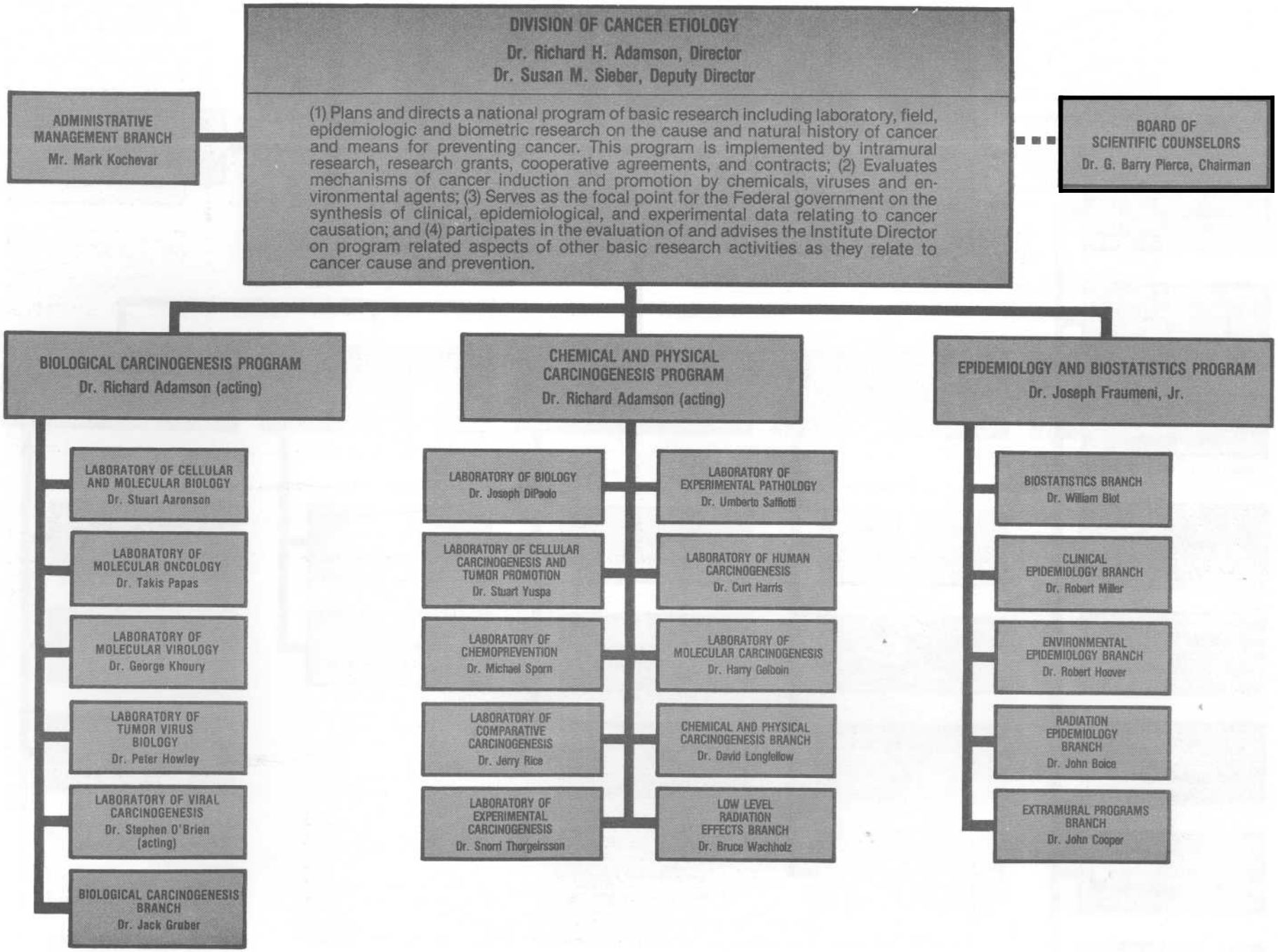
NCI-NAVY MEDICAL ONCOLOGY BRANCH
Dr. John D. Minna
RADIATION ONCOLOGY BRANCH
Dr. Eli J. Glatstein
SURGERY BRANCH
Dr. Steven A. Rosenberg
RADIOTHERAPY DEVELOPMENT BRANCH
Dr. Francis J. Mahoney (acting)
DIAGNOSTIC IMAGING RESEARCH BRANCH
Dr. Francis F. Ruzicka, Jr.
BIOLOGICAL THERAPEUTICS BRANCH
Dr. John Ortaldo
LABORATORY OF MOLECULAR IMMUNOREGULATION
Dr. Joost J. Oppenheim
BIOLOGICAL RESOURCES BRANCH
Dr. Carl M. Pinsky
INVESTIGATIONAL DRUG BRANCH
Dr. Daniel F. Hoth
CLINICAL INVESTIGATIONS BRANCH
Dr. Micheal A. Friedman
BIOMETRICS RESEARCH BRANCH
Dr. Richard M. Simon
REGULATORY AFFAIRS BRANCH
Dr. Dale Shoemaker (acting)
LABORATORY OF MOLECULAR PHARMACOLOGY
Dr. Kurt W. Kohn
LABORATORY OF TUMOR CELL BIOLOGY
Dr. Robert C. Gallo
LABORATORY OF EXPERIMENTAL THERAPEUTICS & METABOLISM
Dr. Richard L. Cysyk (acting)
LABORATORY OF PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS
Dr. David G. Johns
LABORATORY OF BIOLOGICAL CHEMISTRY
Dr. Richard L. Cysyk


CLINICAL PHARMACOLOGY BRANCH
Dr. Charles E. Myers
ANIMAL GENETICS AND PRODUCTION BRANCH
Dr. Joseph G. Mayo
DRUG SYNTHESIS AND CHEMISTRY BRANCH
Dr. Ven Narayanan
NATURAL PRODUCTS BRANCH
Dr. Matthew Suffness
DRUG EVALUATION BRANCH
Dr. John M. Venditti
PHARMACEUTICAL RESOURCES BRANCH
Mr. J. Paul Davignon
TOXICOLOGY BRANCH
Dr. Charles K. Grieshaber
INFORMATION TECHNOLOGY BRANCH
Dr. G.W.A. Milne
EXTRAMURAL RESEARCH & RESOURCES BRANCH
Dr. Moreshwar Nadkarni


DIVISION OF CANCER ETIOLOGY
Dr. Richard H. Adamson, Director
Dr. Susan M. Sieber, Deputy Director
(1) Plans and directs a national program of basic research including laboratory, field, epidemiologic and biometric research on the cause and natural history of cancer and means for preventing cancer. This program is implemented by intramural research, research grants, cooperative agreements, and contracts; (2) Evaluates mechanisms of cancer induction and promotion by chemicals, viruses and environmental agents; (3) Serves as the focal point for the Federal government on the synthesis of clinical, epidemiological, and experimental data relating to cancer causation; and (4) participates in the evaluation of and advises the Institute Director on program related aspects of other basic research activities as they relate to cancer cause and prevention.
ADMINISTRATIVE MANAGEMENT BRANCH
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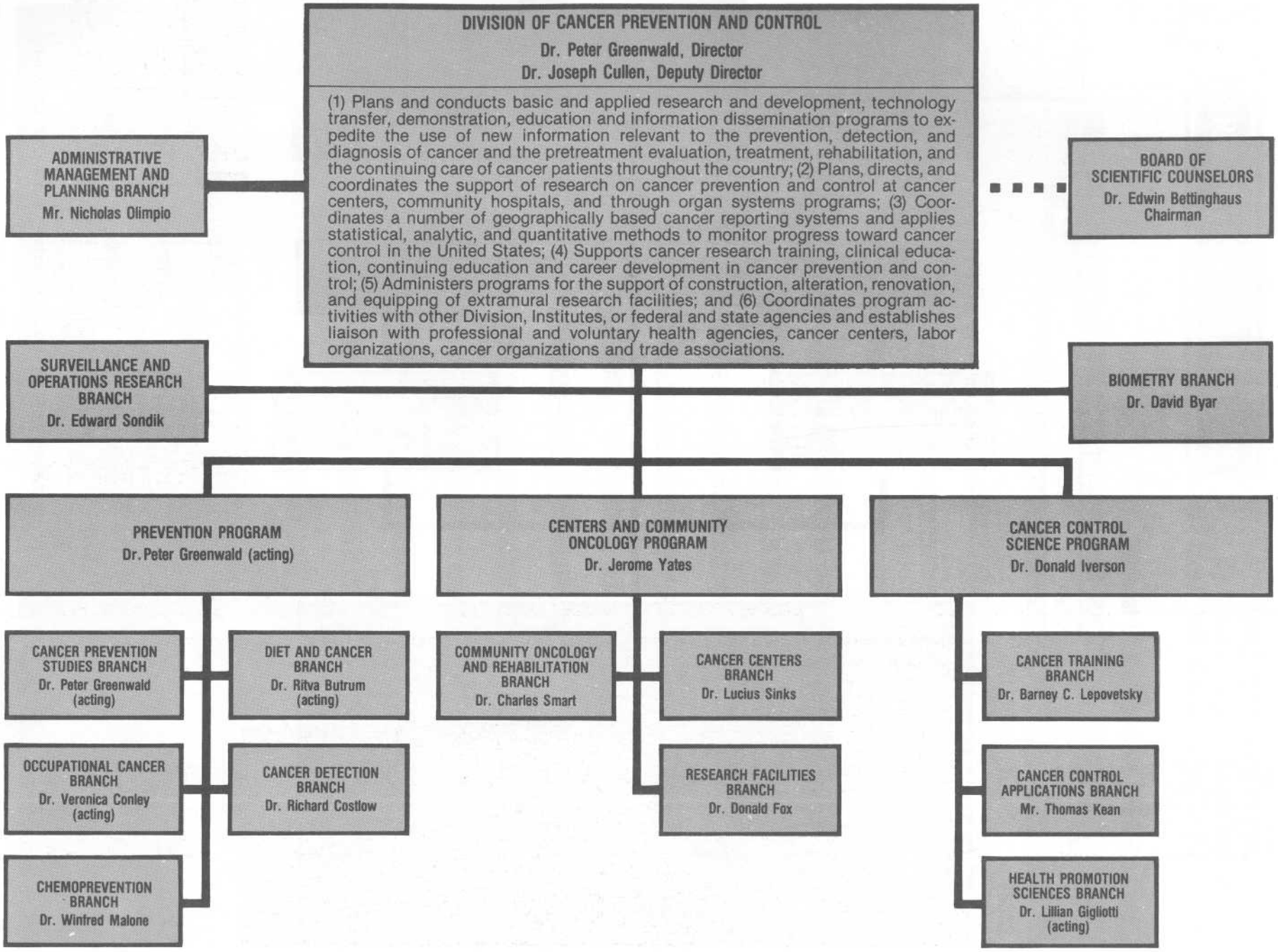
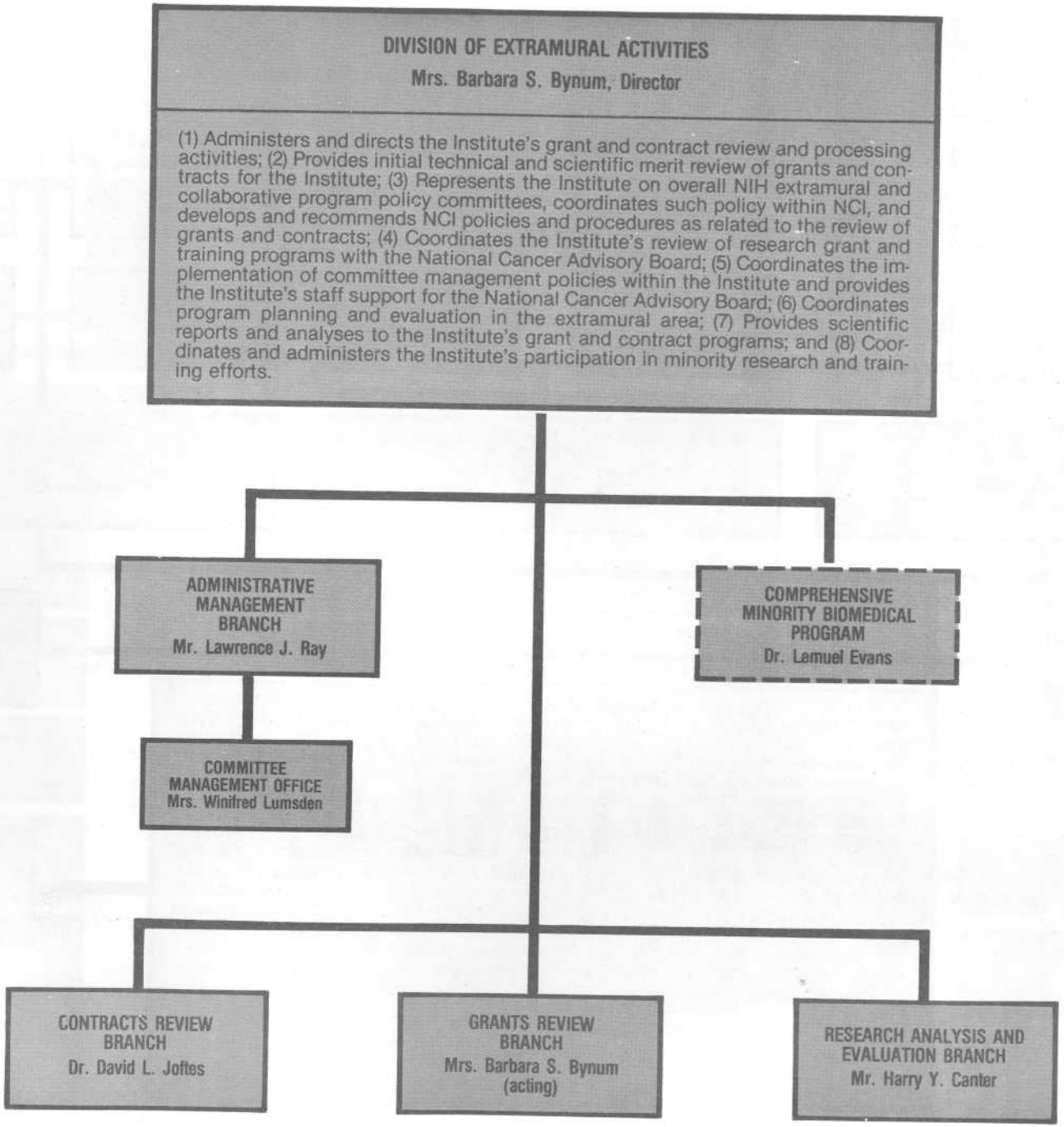
Dr. G. Barry Pierce, Chairman
BIOLOGICAL CARCINOGENESIS PROGRAM
Dr. Richard Adamson (acting)
LABORATORY OF CELLULAR AND MOLECULAR BIOLOGY
Dr. Stuart Aaronson
LABORATORY OF MOLECULAR ONCOLOGY
Dr. Takis Papas
LABORATORY OF MOLECULAR VIROLOGY
Dr. George Khoury
LABORATORY OF TUMOR VIRUS BIOLOGY
Dr. Peter Howley
LABORATORY OF VIRAL CARCINOGENESIS
Dr. Stephen O'Brien (acting)
BIOLOGICAL CARCINOGENESIS BRANCH
Dr. Jack Gruber
CHEMICAL AND PHYSICAL CARCINOGENESIS PROGRAM
Dr. Richard Adamson (acting)
LABORATORY OF BIOLOGY
Dr. Joseph DiPaolo
LABORATORY OF CELLULAR CARCINOGENESIS AND TUMOR PROMOTION
Dr. Stuart Yuspa
LABORATORY OF CHEMOPREVENTION
Dr. Michael Sporn
LABORATORY OF COMPARATIVE CARCINOGENESIS
Dr. Jerry Rice
LABORATORY OF EXPERIMENTAL CARCINOGENESIS
Dr. Snorri Thorgeirsson
LABORATORY OF EXPERIMENTAL PATHOLOGY
Dr. Umberto Saffiotti
LABORATORY OF HUMAN CARCINOGENESIS
Dr. Curt Harris
LABORATORY OF MOLECULAR CARCINOGENESIS
Dr. Harry Gelboin
CHEMICAL AND PHYSICAL CARCINOGENESIS BRANCH
Dr. David Longfellow
LOW LEVEL RADIATION EFFECTS BRANCH
Dr. Bruce Wachholz
EPIDEMIOLOGY AND BIOSTATISTICS PROGRAM
Dr. Joseph Fraumeni, Jr.
BIOSTATISTICS BRANCH
Dr. William Blot
CLINICAL EPIDEMIOLOGY BRANCH
Dr. Robert Miller
ENVIRONMENTAL EPIDEMIOLOGY BRANCH
Dr. Robert Hoover
RADIATION EPIDEMIOLOGY BRANCH
Dr. John Boice
EXTRAMURAL PROGRAMS BRANCH
Dr. John Cooper

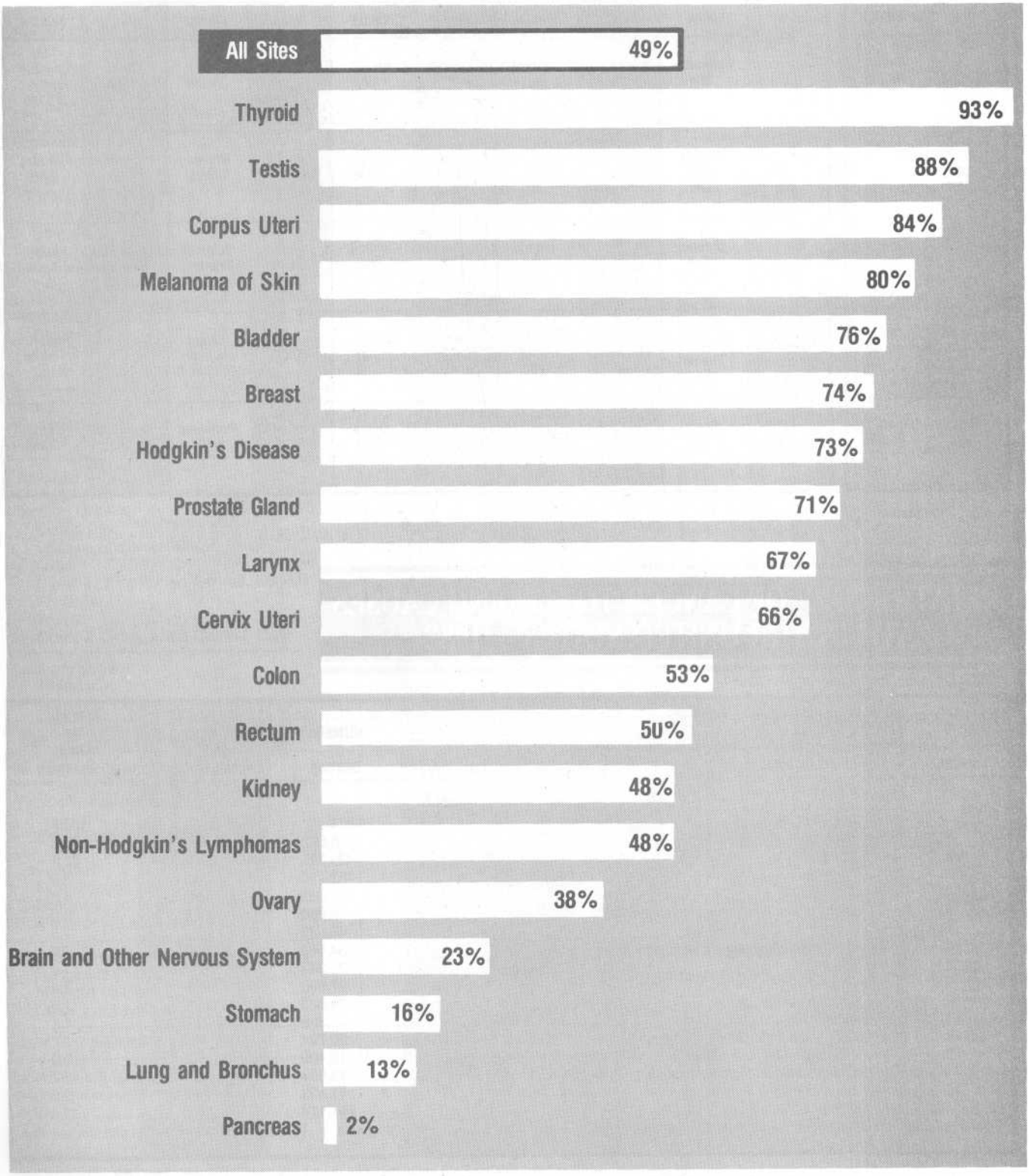

DIVISION OF CANCER PREVENTION AND CONTROL
Dr. Peter Greenwald, Director
Dr. Joseph Cullen, Deputy Director
(1) Plans and conducts basic and applied research and development, technology transfer, demonstration, education and information dissemination programs to expedite the use of new information relevant to the prevention, detection, and diagnosis of cancer and the pretreatment evaluation, treatment, rehabilitation, and the continuing care of cancer patients throughout the country; (2) Plans, directs, and coordinates the support of research on cancer prevention and control at cancer centers, community hospitals, and through organ systems programs; (3) Coordinates a number of geographically based cancer reporting systems and applies statistical, analytic, and quantitative methods to monitor progress toward cancer control in the United States; (4) Supports cancer research training, clinical education, continuing education and career development in cancer prevention and control; (5) Administers programs for the support of construction, alteration, renovation, and equipping of extramural research facilities; and (6) Coordinates program activities with other Division, Institutes, or federal and state agencies and establishes liaison with professional and voluntary health agencies, cancer centers, labor organizations, cancer organizations and trade associations.
ADMINISTRATIVE MANAGEMENT AND PLANNING BRANCH
Mr. Nicholas Olimpio
BOARD OF SCIENTIFIC COUNSELORS
Dr. Edwin Bettinghaus
Chairman
SURVEILLANCE AND OPERATIONS RESEARCH BRANCH
Dr. Edward Sondik
BIOMETRY BRANCH
Dr. David Byar
PREVENTION PROGRAM
Dr. Peter Greenwald (acting)
CENTERS AND COMMUNITY ONCOLOGY PROGRAM
Dr. Jerome Yates
CANCER CONTROL SCIENCE PROGRAM
Dr. Donald Iverson
CANCER PREVENTION STUDIES BRANCH
Dr. Peter Greenwald (acting)
DIET AND CANCER BRANCH
Dr. Ritva Butrum (acting)
OCCUPATIONAL CANCER BRANCH
Dr. Veronica Conley (acting)
CANCER DETECTION BRANCH
Dr. Richard Costlow
CHEMOPREVENTION BRANCH
Dr. Winfred Malone
COMMUNITY ONCOLOGY AND REHABILITATION BRANCH
Dr. Charles Smart
CANCER CENTERS BRANCH
Dr. Lucius Sinks
RESEARCH FACILITIES BRANCH
Dr. Donald Fox
CANCER TRAINING BRANCH
Dr. Barney C. Lepovetsky
CANCER CONTROL APPLICATIONS BRANCH
Mr. Thomas Kean
HEALTH PROMOTION SCIENCES BRANCH
Dr. Lillian Gigliotti (acting)


DIVISION OF EXTRAMURAL ACTIVITIES
Mrs. Barbara S. Bynum, Director
(1) Administers and directs the Institute's grant and contract review and processing activities; (2) Provides initial technical and scientific merit review of grants and contracts for the Institute; (3) Represents the Institute on overall NIH extramural and collaborative program policy committees, coordinates such policy within NCI, and develops and recommends NCI policies and procedures as related to the review of grants and contracts; (4) Coordinates the Institute's review of research grant and training programs with the National Cancer Advisory Board; (5) Coordinates the implementation of committee management policies within the Institute and provides the Institute's staff support for the National Cancer Advisory Board; (6) Coordinates program planning and evaluation in the extramural area; (7) Provides scientific reports and analyses to the Institute's grant and contract programs; and (8) Coordinates and administers the Institute's participation in minority research and training efforts.
ADMINISTRATIVE MANAGEMENT BRANCH
Mr. Lawrence J. Ray
COMMITTEE MANAGEMENT OFFICE
Mrs. Winifred Lumsden
COMPREHENSIVE MINORITY BIOMEDICAL PROGRAM
Dr. Lemuel Evans
CONTRACTS REVIEW BRANCH
Dr. David L. Joftes
GRANTS REVIEW BRANCH
Mrs. Barbara S. Bynum (acting)
RESEARCH ANALYSIS AND EVALUATION BRANCH
Mr. Harry Y. Canter

5-YEAR RELATIVE SURVIVAL RATES

5-Year Relative Survival Rates
By Primary Site for Cancer Patients
(all races, both sexes) Diagnosed 1977-1982

National Cancer Institute SEER Program



Source: SEER Program, Biometry Branch, NCI

NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX – 1982

ALL AGES		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Lung 79,107	Breast 37,411	Leukemia 465	Leukemia 334	Leukemia 744	Breast 687	Lung 9,451	Breast 7,929	Lung 51,110	Lung 20,154	Lung 18,366	Colon & Rectum 13,726
Colon & Rectum 26,914	Lung 32,117	Brain & CNS 258	Brain & CNS 236	Brain & CNS 453	Leukemia 591	Colon & Rectum 2,227	Lung 4,838	Colon & Rectum 14,342	Breast 18,931	Prostrate 13,884	Breast 9,853
Prostrate 24,013	Colon & Rectum 28,283	Endo-crine 120	Endo-crine 89	Non-Hodgkin's Lymphomas 354	Uterus 320	Pancreas 1,225	Colon & Rectum 2,013	Prostate 9,816	Colon & Rectum 12,372	Colon & Rectum 10,127	Lung 7,009
Pancreas 11,227	Ovary 11,057	Non-Hodgkin's Lymphomas 120	Connec-tive Tissue 52	Hodgkin's Disease 301	Brain & CNS 296	Brain & CNS 1,127	Uterus 1,807	Pancreas 6,536	Ovary 6,156	Pancreas 3,417	Pancreas 4,566
Leukemia 9,358	Pancreas 10,780	Connec-tive Tissue 54	Bone 39	Melanoma of Skin 294	Non-Hodgkin's Lymphomas 192	Leukemia 1,111	Ovary 1,667	Stomach 4,625	Pancreas 5,424	Bladder 3,292	Uterus 3,185

Source: Vital Statistics of the United States, 1982.

RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES – 1982

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	ALL CAUSES	**1,974,797**	**852.0**	**100.0**
1	Diseases of Heart	755,592	326.0	38.3
2	**CANCER**	**433,795**	**187.2**	**22.0**
3	Stroke	157,710	68.0	8.0
4	Accidents	94,082	40.6	4.8
5	Bronchitis, Emphysema & Asthma	59,869	25.8	3.0
6	Pneumonia & Influenza	48,886	21.1	2.5
7	Diabetes Mellitus	34,583	14.9	1.8
8	Suicide	28,242	12.2	1.4
9	Cirrhosis of Liver	27,690	11.9	1.4
10	Arteriosclerosis	26,823	11.6	1.3
11	Homicide	22,358	9.6	1.1
12	Diseases of Infancy	20,794	9.0	1.1
13	Nephritis & Nephrosis	18,102	7.8	0.9
14	Congenital Abnormalities	13,604	5.9	0.7
15	Septicemia & Pyemia	11,493	5.0	0.6
	Other & Ill-defined	221,174	95.4	11.1

Source: National Center for Health Statistics, 1982.

ESTIMATED NEW CANCER CASES AND DEATHS BY SEX FOR ALL SITES – 1985

SITE	ESTIMATED NEW CASES			ESTIMATED DEATHS		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
All Sites	910,000[1]	455,000[1]	455,000[1]	462,000	249,000	213,000
Buccal Cavity & Pharynx (ORAL)	28,900	19,500	9,400	9,500	6,450	3,050
Lip	4,500	4,000	500	175	150	25
Tongue	5,200	3,300	1,900	2,050	1,400	650
Mouth	10,400	6,100	4,300	2,975	1,900	1,075
Pharynx	8,800	6,100	2,700	4,300	3,000	1,300
Digestive Organs	215,200	109,500	105,700	119,800	62,600	57,200
Esophagus	9,400	6,600	2,800	8,800	6,400	2,400
Stomach	24,700	15,000	9,700	14,300	8,400	5,900
Small Intestine	2,200	1,100	1,100	800	400	400
Large Intestine (COLON-RECTUM)	96,000	44,000	52,000	51,600	24,600	27,000
Rectum (COLON-RECTUM)	42,000	22,000	20,000	8,300	4,400	3,900
Liver & Biliary Passages	13,400	6,700	6,700	10,400	5,200	5,200
Pancreas	25,200	13,000	12,200	24,200	12,500	11,700
Other & Unspecified Digestive	2,300	1,100	1,200	1,400	700	700
Respiratory System	159,200	110,100	49,100	130,650	90,900	39,750
Larynx	11,500	9,500	2,000	3,750	3,100	650
LUNG	144,000	98,000	46,000	125,600	87,000	38,600
Other & Unspecified Respiratory	3,700	2,600	1,100	1,300	800	500
Bone	2,000	1,100	900	1,400	800	600
Connective Tissue	5,000	2,700	2,300	2,800	1,300	1,500
SKIN	22,000[2]	11,000[2]	11,000[2]	7,400[4]	4,400	3,000
BREAST	119,900[3]	900[3]	119,000[3]	38,700	300	38,400
Genital Organs	167,200	92,300	74,900	48,850	26,450	22,400
Cervix Uteri (UTERUS)	15,000[3]	—	15,000[3]	6,800	—	6,800
Corpus, Endometrium (UTERUS)	37,000	—	37,000	2,900	—	2,900
Ovary	18,500	—	18,500	11,600	—	11,600
Other & Unspecified Genital, Female	4,400	—	4,400	1,100	—	1,100
Prostate	86,000	86,000	—	25,500	25,500	—
Testis	5,000	5,000	—	500	500	—
Other & Unspecified Genital, Male	1,300	1,300	—	450	450	—
Urinary Organs	59,700	41,500	18,200	19,700	12,700	7,000
Bladder	40,000	29,000	11,000	10,800	7,300	3,500
Kidney & Other Urinary	19,700	12,500	7,200	8,900	5,400	3,500
Eye	1,800	900	900	400	200	200
Brain & Central Nervous System	13,700	7,700	6,000	10,100	5,500	4,600
Endocrine Glands	11,700	3,500	8,200	1,700	700	1,000
Thyroid	10,600	2,900	7,700	1,100	400	700
Other Endocrine	1,100	600	500	600	300	300
Leukemias	24,600	13,600	11,000	17,200	9,500	7,700
Lymphocytic Leukemia	11,800	6,700	5,100	6,500	3,800	2,700
Granulocytic Leukemia	12,100	6,500	5,600	10,300	5,500	4,800
Monocytic Leukemia	700	400	300	400	200	200
Other Blood & Lymph Tissues	43,300	22,400	20,900	22,300	11,500	10,800
Hodgkin's Disease	6,900	3,900	3,000	1,500	900	600
Multiple Myeloma	9,900	5,000	4,900	7,400	3,800	3,600
Other Lymphomas	26,500	13,500	13,000	13,400	6,800	6,600
All Other & Unspecified Sites	35,800	18,300	17,500	31,500	15,700	15,800

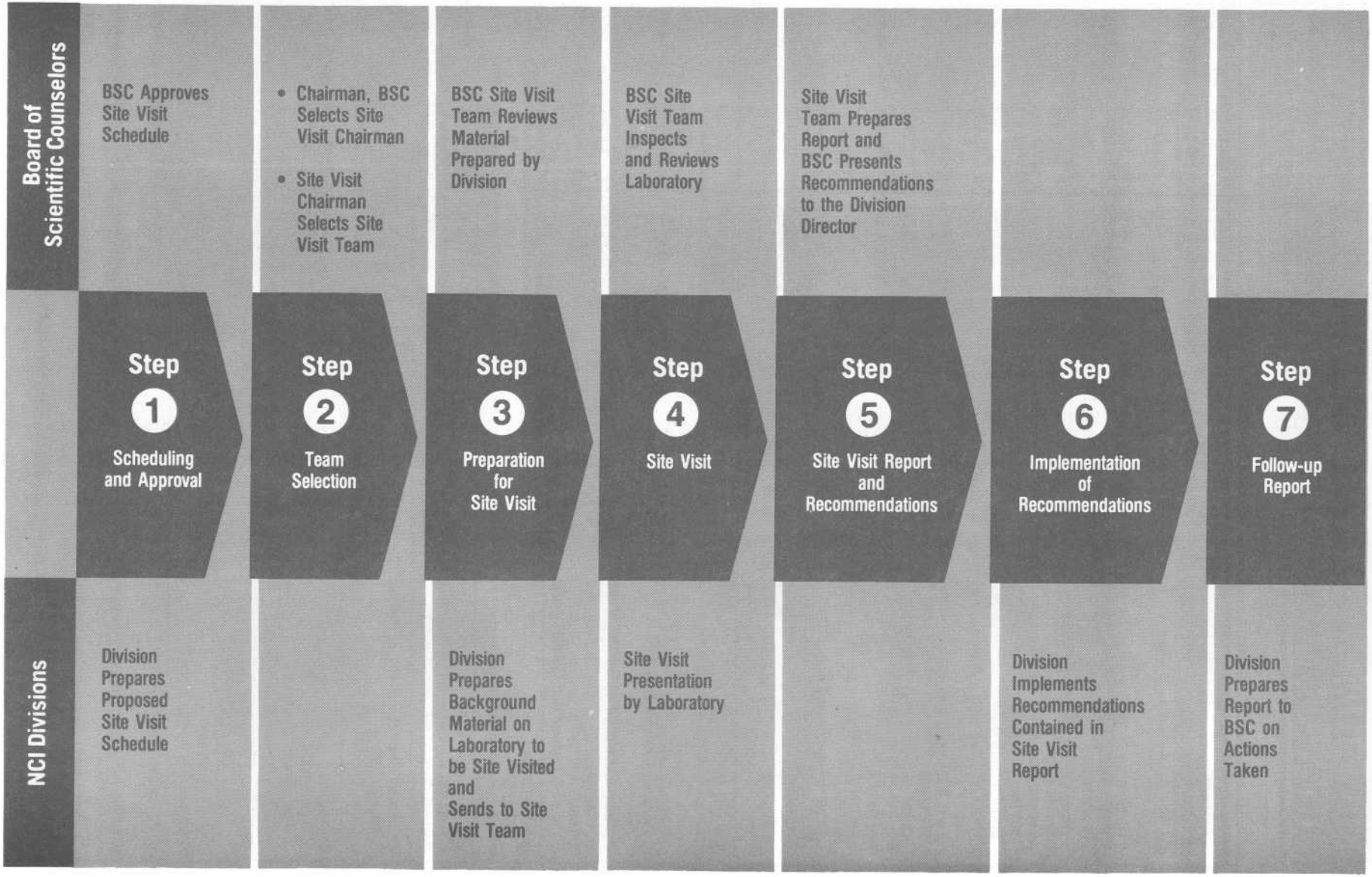
NOTE: The estimates of new cancer cases are offered as a rough guide and should not be regarded as definitive. Especially note that year-to-year changes may only represent improvements in the basic data.

[1]Carcinoma in situ and non-melanoma skin cancers not included in totals. Carcinoma in situ of the uterine cervix accounts for over 45,000 new cases annually and carcinoma in situ of the female breast accounts for over 5,000 new cases annually. Non-melanoma skin cancer accounts for about 400,000 new cases annually.

[2]Melanoma only. [3]Invasive cancer only. [4]Melanoma 5,500; other skin 1,900.

INCIDENCE ESTIMATES ARE BASED ON RATES FROM NCI SEER PROGRAM 1977-1981.

NCI INTRAMURAL REVIEW PROCESS



RESEARCH POSITIONS AT THE NATIONAL CANCER INSTITUTE [1]

The National Cancer Institute recognizes that one of the most valuable resources to be drawn upon in the fight against cancer is the wealth of scientific talent available in the U.S. and around the world. In an effort to attract and maintain the highest quality scientific staff, two personnel systems are used: the U.S. Civil Service System and the PHS Commissioned Corps. In addition, the Staff Fellowship Program and the NIH Visiting Program have been designed to meet special needs. Other special programs are available for those who qualify.

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
I. CIVIL SERVICE			
A. Civil Service (tenured)	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting: Ph.D.—$37,599 Physicians—$50,822 Maximum: $68,700	Office of Personnel Management, Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS			
A. Special Appointment of Experts and Consultants (non-tenured appointment which can be extended up to 4 years).	Applicants shall possess outstanding experience and ability as to justify recognition as authorities in their particular fields of activity.	Equivalent to the salary range of GS-13 through GS-18. Maximum: $68,700	Recommendation by Division Directors. Final approval rests with the Director, NCI.
III. MEDICAL STAFF FELLOWS			
A. Medical Staff Fellows	Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	$30,000-$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20892.
B. Medical Staff Fellows in Pharmacology (PRAT Fellows). For physicians committed to research careers in pharmacological sciences, or clinical pharmacology.	Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	$30,000-$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20892.
IV. VISITING PROGRAM (limited tenure)[2]			
A. Visiting Fellow (maximum 3 years)	1-3 years postdoctoral experience or training	Entrance stipend $16,000-$18,000	Contact Director or Laboratory Chief in area of interest.
B. Visiting Associates (1 year with renewals to end of project)	3+ years postdoctoral experience or training with appropriate knowledge needed by NCI.	$21,804-$44,105	Contact Director or Laboratory Chief in area of interest.
C. Visiting Scientist (duration of project)	6+ years postdoctoral experience with appropriate unusual experience and knowledge needed.	$31,619-$68,700	Contact Director or Laboratory Chief in area of interest.

[1] Does not necessarily indicate that positions are currently available at the National Cancer Institute.
[2] Under most circumstances, the various visiting programs are limited to non-citizens.

V. STAFF FELLOWSHIPS

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
A. Staff Fellowship	Physician or other doctoral degree equivalent awarded within last 5 years, U.S. citizen or non-citizen eligible for naturalization within 4 years. Maximum seven-year appointment.	Staff Fellows Physicians $20,688-$34,312 Other Doctorates $17,000-$36,889 Senior Staff Fellows Physicians $23,439-$47,788 Other Doctorates $20,688-$41,358	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.

VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

A. Summer Clerical Program	Must be 18 years of age or older (16 if high school graduate).	GS-1 through GS-4 Grade is based on education and/or experience.	Apply to NIH on or before March 15.
B. Summer Undergraduate Program	Students majoring in biological and/or physical sciences or related field, or applicants with appropriate experience.	GS-1 through GS-4 Grade is based on education and/or experience.	Apply to NIH by March 15.
C. Summer Graduate Program	College graduate, graduate student, planning to attend graduate school, faculty member, or equivalent experience and/or education.	GS-5 through GS-12 For some occupations superior scholastic work may qualify for a higher grade level.	Apply to NIH by March 15.
D. Summer Employment for Needy Youth	Educationally and economically disadvantaged youths in their formative years (must have reached 16th birthday).	Federal minimum wage.	Register with the local office of the State Employment service and apply to NIH.
E. Stay-in-School Program	Substantially full-time or full-time student at least 16 years of age who needs earnings from employment to continue in school.	Salary is commensurate with duties assigned and student's education and/or experience.	Apply to NIH. No deadline required for applying. However, no new appointments are made between May 1 to August 30.
F. The Federal Junior Fellowship Program	Graduating high school senior in a public or private school in the Metro. Wash., D.C. area. Must be in upper 10% of graduating class, have applied for admission to an accredited college or university and need financial assistance to attend school.	GS-1 through GS-4	Nominations are submitted directly to the Office of Personnel Management by high school principals or counselors.

VII. SPECIAL PROGRAMS

A. Guest researcher sponsored by organization other than NIH, PHS.	Determined by sponsoring organization.	Established by sponsoring organization.	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g., American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
B. COSTEP Program (operates year-round)Maximum 120 days per 12-month period.	U.S. Citizen. Must have completed one year of study in a medical, dental or veterinary school; or a minimum of two years of baccalaureate program in a health-related field such as engineering, nursing, pharmacy, etc. May be enrolled in a master's or doctoral program in a health-related field (designated by the Assistant Secretary for Health). Physical requirements of PHS Commissioned Corps. Plans to return to college.	Pay and allowance of a Commissioned Officer, Junior Asst. Grade.	Apply to PHS Commissioned Corps, COSTEP SECTION, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.
C. Fogarty International Scholars In Residence Program.	International reputation, productivity, demonstrated ability in biomedical field.	$50,000 for 10 months.	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

VIII. OTHER TRAINING PROGRAMS

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISMS OF ENTRY
A. Cancer Control Science Associates (Three-year non-tenured Civil Service Position)	1)M.D./D.O., or accredited doctoral degree in an allied or public health profession, biomedical behavioral, or social science, or equivalent; 2) academic professional excellence supported by official transcripts; and four letters of reference; and 3) United States citizenship or meet one of the provisions which allow for the hiring of non-U.S. citizens. Information regarding the hiring of non-citizens may be obtained by calling the NCI Personnel Office.	First year for an M.D./D.O.or Ph.D. —$31,044 or$26,381 per annum respectively.	Program Coordinator, CCSAP NIH/NCI/ DCPC/CCAB, Blair Building Room 4A01 Bethesda, Maryland 20892.
B. Biotechnology Fellow	Physicians with little or no experience or training in fundamental research, but with an interest in biotechnology including its application to prevention and new treatment and diagnostic techniques, would be eligible. Ph. D. scientists with little or no experience or training in clinically related programs, but with an interest in clinical applications of fundamental research methodology related to biotechnology would also be eligible. Typically, these candidates will have less than three years post-doctoral experience. The Biotechnology Training Program is established for United States citizens, or resident aliens who will be eligible for U.S. citizenship within four years.	First year: Ph.D.-$22,500 to $28,000 Physicians-$26,000 to $32,000	Contact Division Director or Laboratory Chief in area of interest.
C. Nurse Trainee	Applications will be accepted from graduates of NLN accredited baccalaureate nursing programs. Each candidate must submit academic transcripts demonstrating a minimum of a "B" average in undergraduate work, three references regarding their academic and clinical capability, a letter describing their interest in the program, and a Personal Qualification Statement, SF-171. This program is also available to all new graduate applicants to the Cancer Nursing Service; some may not be aware of the program prior to their contact with Clinical Center.	Stipends for the program will be $1,300 per month	Contact the Division of Cancer Treatment.

SPECIAL TRAINING MECHANISMS: FISCAL YEAR 1985

Biotechnology Training Program

Why Needed:

- To provide training in fundamental sciences and clinical disciplines for physicians and Ph.D. scientists.
- To enhance cancer clinical programs through the rapid transfer and application of new techniques and fundamental knowledge leading to state-of-the-art prevention, diagnosis and treatment of cancer.
- To maintain a significant level of support for training in those disciplines related to biotechnology.

Program Provisions:

- Training assignments in modern biotechnology will emphasize the application of recombinant DNA and hybridoma technology to cancer clinical programs; emphasis also is in the areas of nutrition, clinical pharmacology, viral oncology, and biochemical and clinical epidemiology as clinical disciplines.
- The program is supervised by the Senior Scientific Coordinating Committee (the Executive Committee is currently serving in this role).
- Each candidate will have a training plan. Candidates and training plans will be approved by the Division Director and SSCC.
- Fellowships are from six months to two years, with the potential for an extension of up to three years.
- Fellowships are not subject to employment ceilings and there are no service/payback provisions.
- The program is limited to citizens or resident aliens eligible for citizenship.
- Candidates may apply to the NCI laboratory or branch that offers a program that best meets their training needs.

Status: It is expected that there will be six fellowships awarded by the first part of FY 1986.

Cancer Control Science Associates Program

Why Needed:

- To increase the number of scientists highly qualified to conduct cancer prevention and control intervention research in order to fully realize the potential for major reductions in cancer rates. This in keeping with NCI's year 2000 goal.

Program Provisions:

- Allows for doctoral level scientists from a variety of academic disciplines to be exposed to a number of educational experiences in cancer prevention and control.
- Associates spend the first three months of their three-year program in an academic course that covers all aspects of cancer prevention and control. For the next 21 months participants are assigned to one of the Division's operational branches where they engage in specific research projects and also receive exposure to the daily management and administration of federal research programs. For the last 12 months, Associates are assigned to a field research project at either a cancer center, major NCI research grantee/contractor, or a public health department.
- Interested candidates may apply to Ms. Nancy Gardner, Division of Cancer Prevention and Control.

Status: It is expected that a total of 15 associates will be recruited per year.

Cancer Nurse Training Program

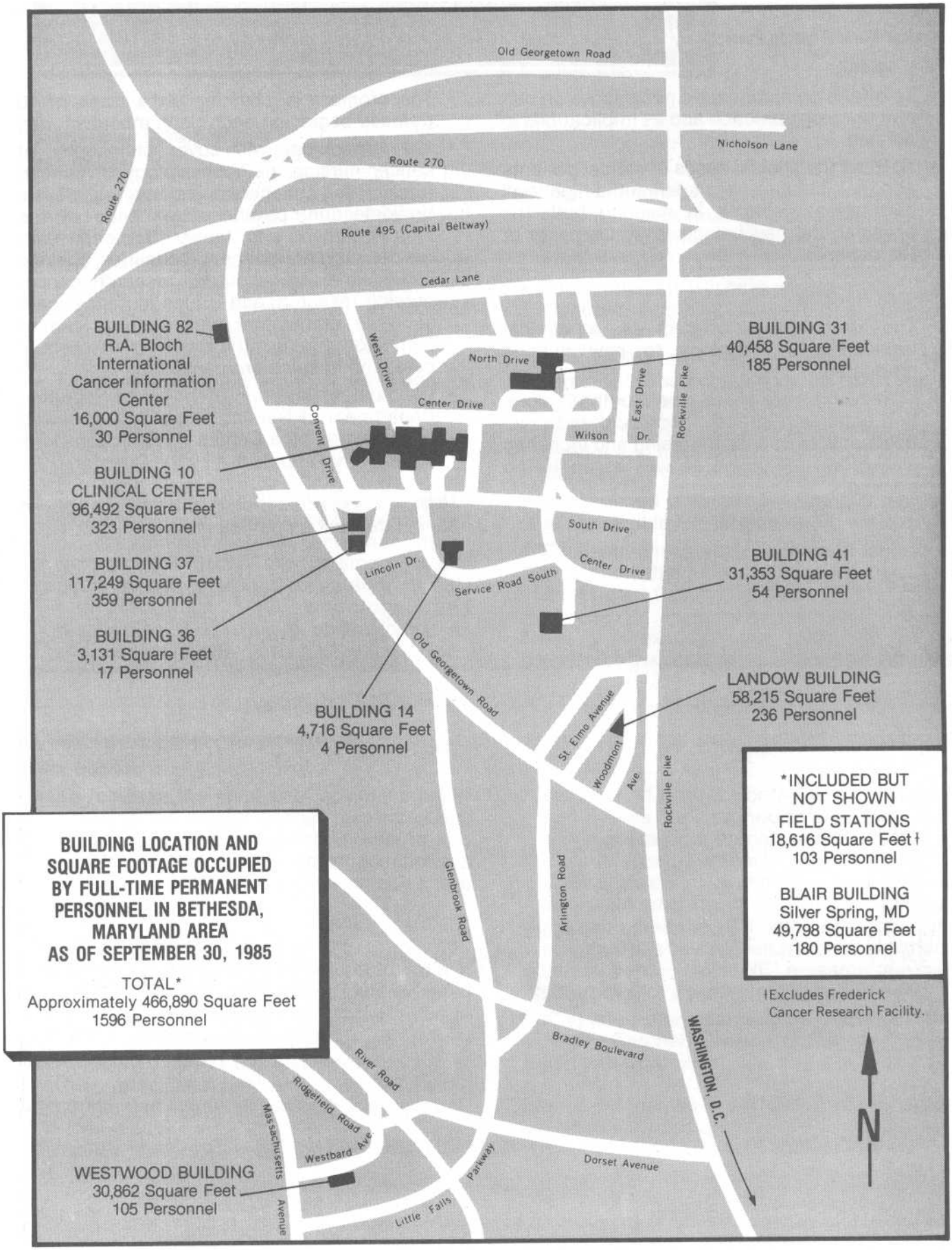
Why Needed:

- To offer a comprehensive perspective on current oncology practice and its implications in nursing.
- To meet the special needs of cancer patients and their families which demand a high level of nursing practices in meeting both the physical and psychological requirements of the patients.

Program Provisions:

- The program is offered as a clinical traineeship in oncology to new nursing graduates.
- Traineeships are six to nine months in duration emphasizing both theoretical and practical aspects of cancer nursing and including classroom instruction as well as on-the-job training.
- The program is planning on a class of 10 trainees beginning each September/October.
- The curriculum will cover philosophy of cancer nursing, pathophysiology of cancer, epidemiology, diagnosis and staging, prevention/detection, psychosocial needs of the cancer patient and family, the child with cancer, current treatment modalities, specific cancers/major sites/current research, cancer nursing research, and issues in cancer care such as ambulatory care, use of current technology, aging, ethical dilemmas, costs of care, and hospice program.
- Candidates may apply to the Nurse Recruiter, Department of Nursing and will be reviewed and selected by a Candidate Selection Committee. Final approval is by the Director, DCT.

Status: It is expected that for the first year, seven candidates will be participating.


Old Georgetown Road
Nicholson Lane
Route 270
Route 270
Route 495 (Capital Beltway)
Cedar Lane
BUILDING 82
R.A. Bloch
International
Cancer Information
Center
16,000 Square Feet
30 Personnel
West Drive
North Drive
BUILDING 31
40,458 Square Feet
185 Personnel
Center Drive
East Drive
Rockville Pike
Convent Drive
Wilson
Dr.
BUILDING 10
CLINICAL CENTER
96,492 Square Feet
323 Personnel
South Drive
BUILDING 37
117,249 Square Feet
359 Personnel
Lincoln Dr.
Center Drive
BUILDING 41
31,353 Square Feet
54 Personnel
Service Road South
BUILDING 36
3,131 Square Feet
17 Personnel
Old Georgetown Road
LANDOW BUILDING
58,215 Square Feet
236 Personnel
BUILDING 14
4,716 Square Feet
4 Personnel
St. Elmo Avenue
Woodmont
Ave.
Rockville Pike
*INCLUDED BUT
NOT SHOWN
FIELD STATIONS
18,616 Square Feet†
103 Personnel
BLAIR BUILDING
Silver Spring, MD
49,798 Square Feet
180 Personnel
BUILDING LOCATION AND
SQUARE FOOTAGE OCCUPIED
BY FULL-TIME PERMANENT
PERSONNEL IN BETHESDA,
MARYLAND AREA
AS OF SEPTEMBER 30, 1985
TOTAL*
Approximately 466,890 Square Feet
1596 Personnel
Glenbrook Road
Arlington Road
†Excludes Frederick
Cancer Research Facility.
Bradley Boulevard
WASHINGTON, D.C.
River Road
Ridgefield Road
Massachusetts
Avenue
Westbard Ave.
Parkway
Dorset Avenue
WESTWOOD BUILDING
30,862 Square Feet
105 Personnel
Little Falls
N

MAJOR STEPS IN THE BUDGET FORMULATION REVIEW PROCESS

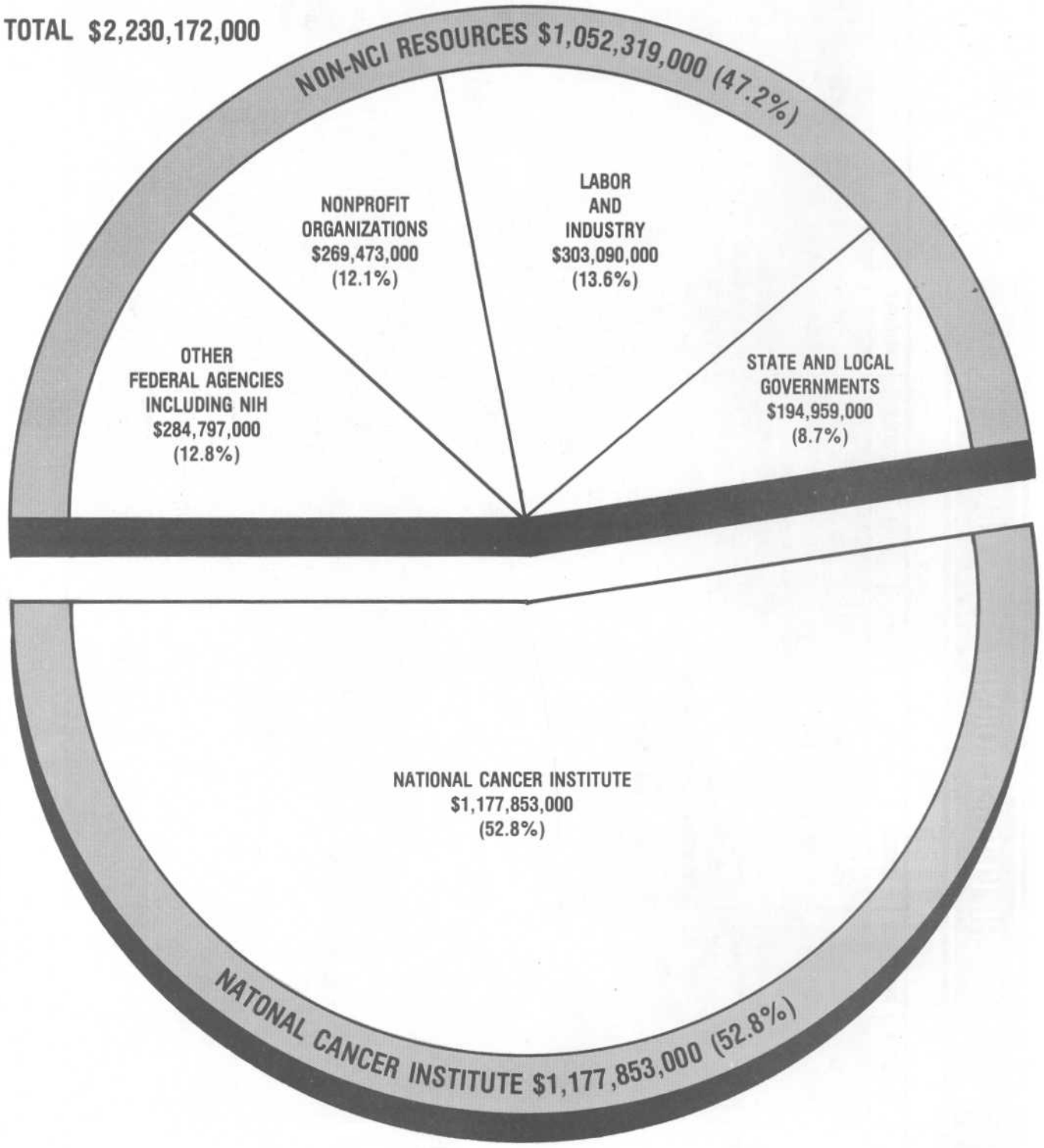
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
NCI STAFF[1]	NCI Director's Meeting—establish budget policy for upcoming fiscal year; review operating plans for current fiscal year Submit Congressional Justification for next fiscal year		Formulation of Preliminary Budget for two years in the future for both the By-Pass budget, which is submitted directly to the President, and the budget submitted within the Administration's guidelines Congressional testimony by Director, NCI			NCI Director's Meeting—establish specific division levels for upcoming fiscal year		Formulation of By-Pass Budget Formulation of budget within Administration guidelines		Formulation of President's Budget		
NCAB[2]					Review and revise Preliminary Budget for two fiscal years in future				Review By-Pass Budget Submitted Directly to President		Division presentations of program activi- for fiscal year just completed	
BSC[3]	Review operating plans for current fiscal year and policies from NCI Director's Meeting					Review and advise on implementation of divisional programs			Annual Division Budget Review current and upcoming year			

[1]Executive Committee and key administrative staff

[2]National Cancer Advisory Board—presidential appointees

[3]Board of Scientific Counselors—outside NCI peer review bodies for each of four operating divisions

ESTIMATED TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH AND CANCER PREVENTION AND CONTROL – FISCAL YEAR 1985

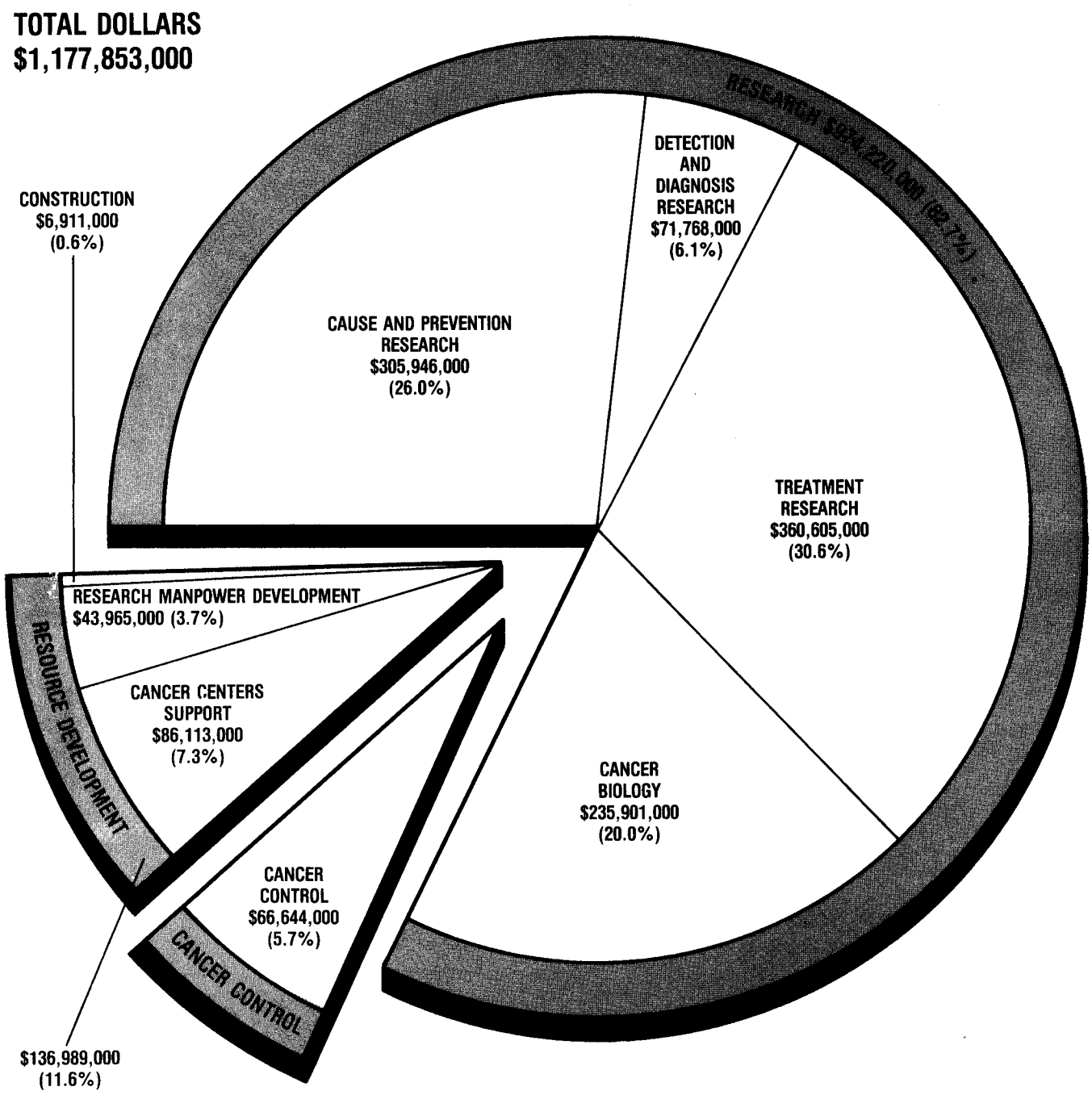


NOTE: Non-NCI resources data were provided by the Office of Program Planning and Analysis, NCI and represents 1984 data, the most recent available at publication.

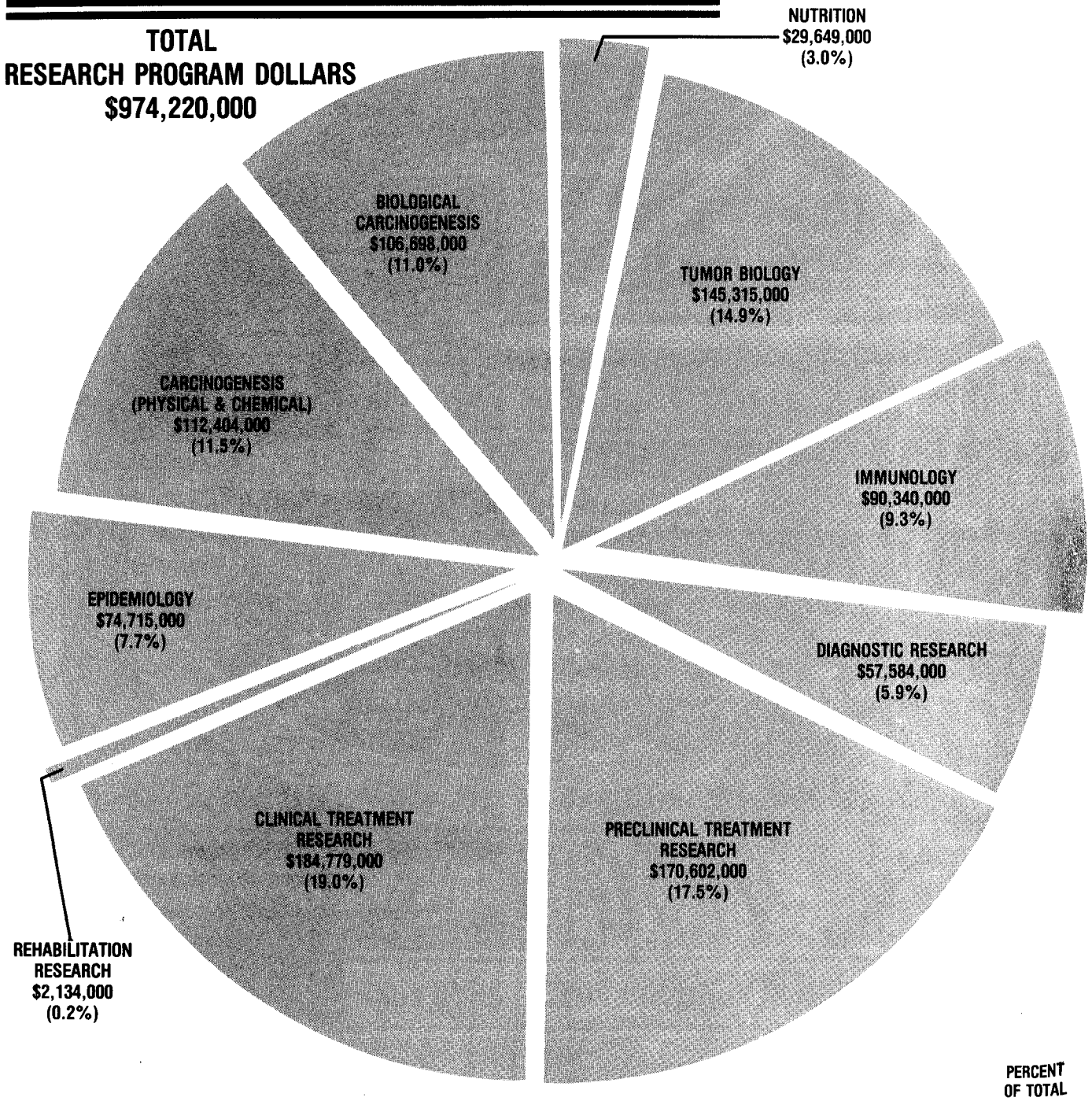
NCI BUDGET – FISCAL YEAR 1985

1985 Appropriations	$1,183,806,000
Less: — Mandated Lapse-Public Law 98-473	— 1,857,000
— Directed Carryover of funds into FY 1986	— 3,714,000
— Lapse	— 382,000
1985 Actual Obligations	1,177,583,000

NCI PROGRAM STRUCTURE – FISCAL YEAR 1985

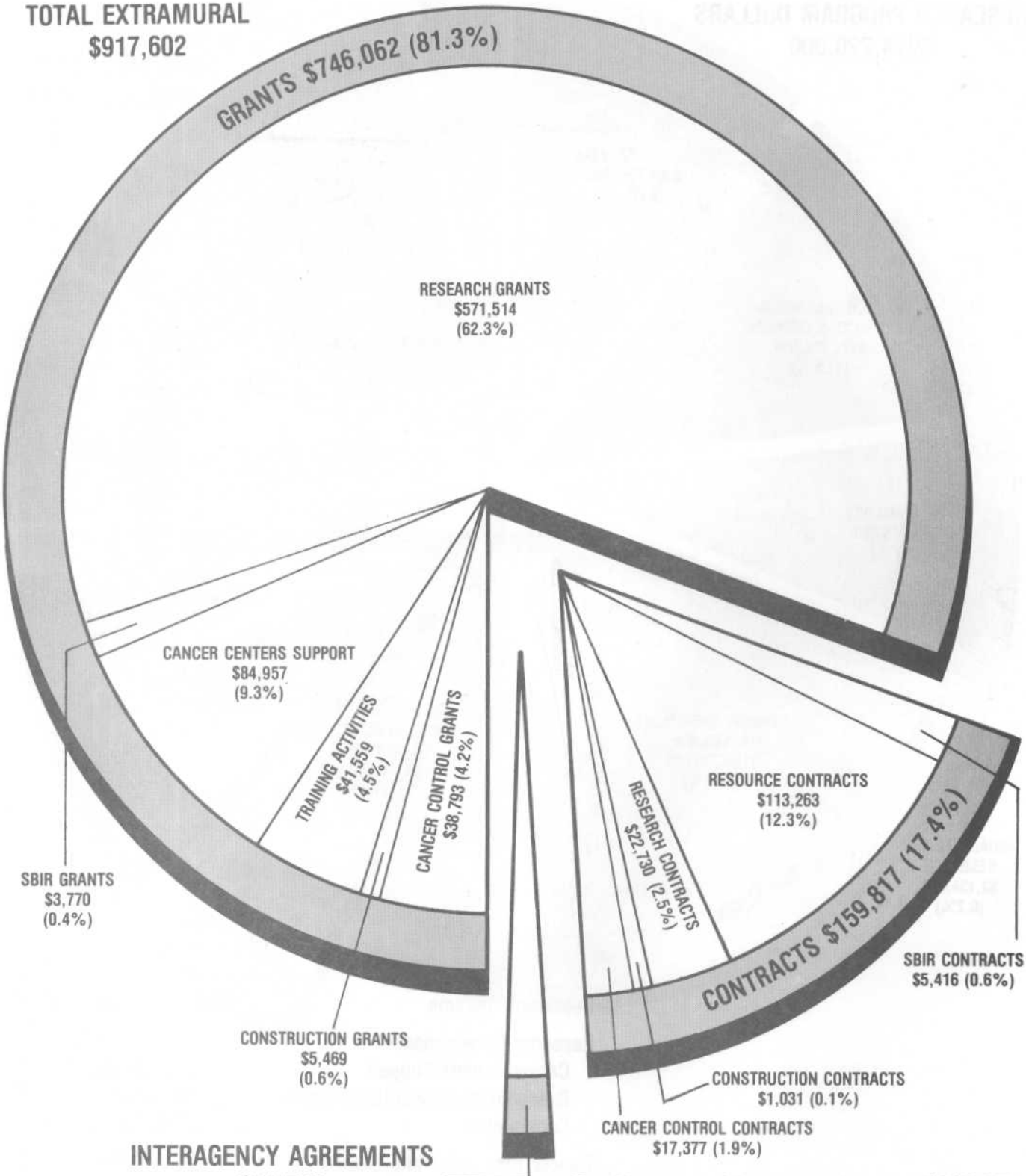


NCI RESEARCH PROGRAMS – FISCAL YEAR 1985



		PERCENT OF TOTAL
Research Programs	**$974,220,000**	**82.7**
Resource Development		
Cancer Centers Support	86,113,000	7.3
Research Manpower Development	43,965,000	3.7
Construction	6,911,000	0.6
Cancer Prevention and Control	**66,644,000**	**5.7**
Total NCI	**$1,177,853,000**	**100.0**

NCI EXTRAMURAL FUNDS – FISCAL YEAR 1985



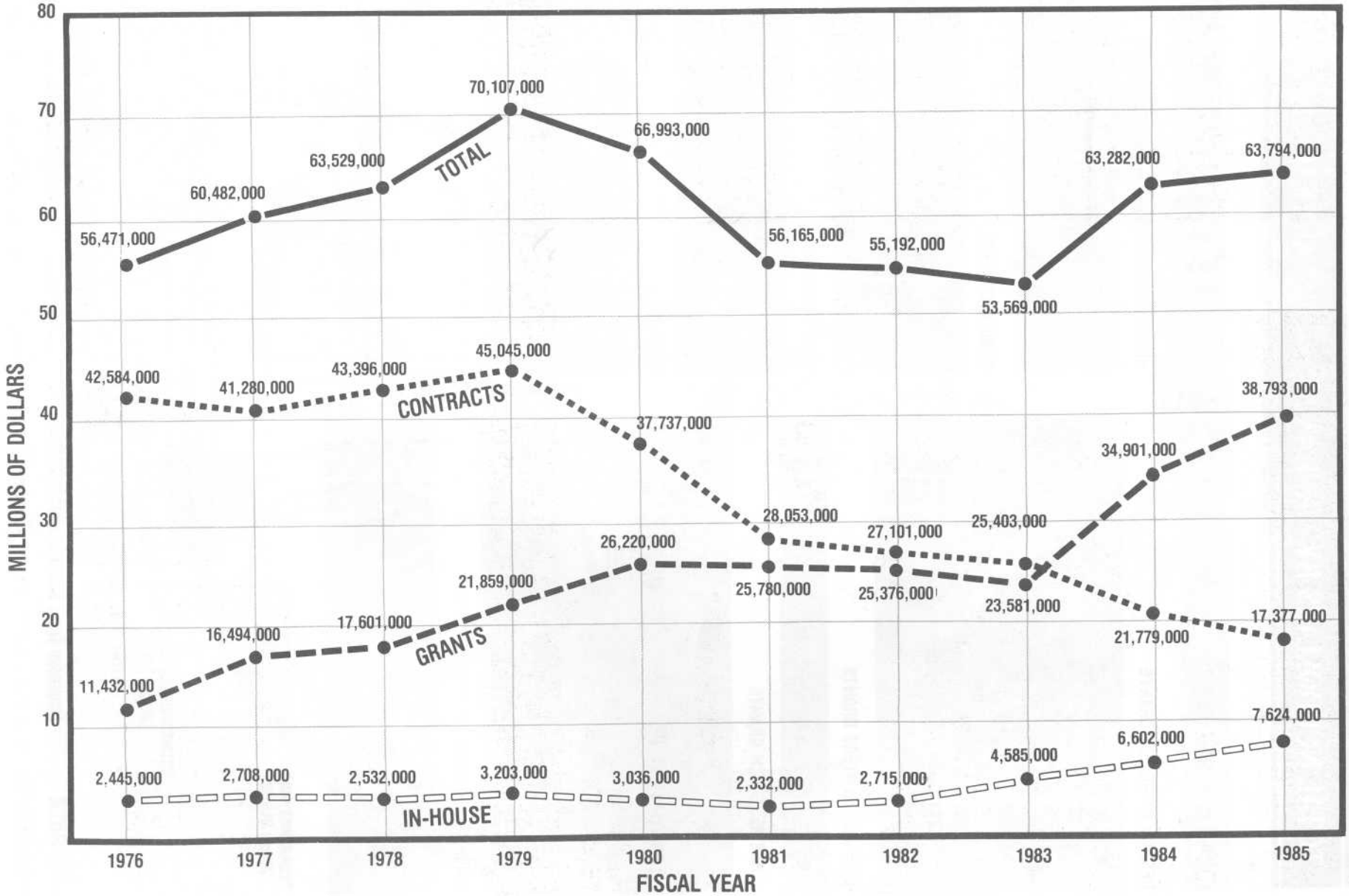
Total Intramural (not shown)	$260,251
Total NCI	$1,177,853

TOTAL NCI DOLLARS BY MECHANISMS – FISCAL YEAR 1985

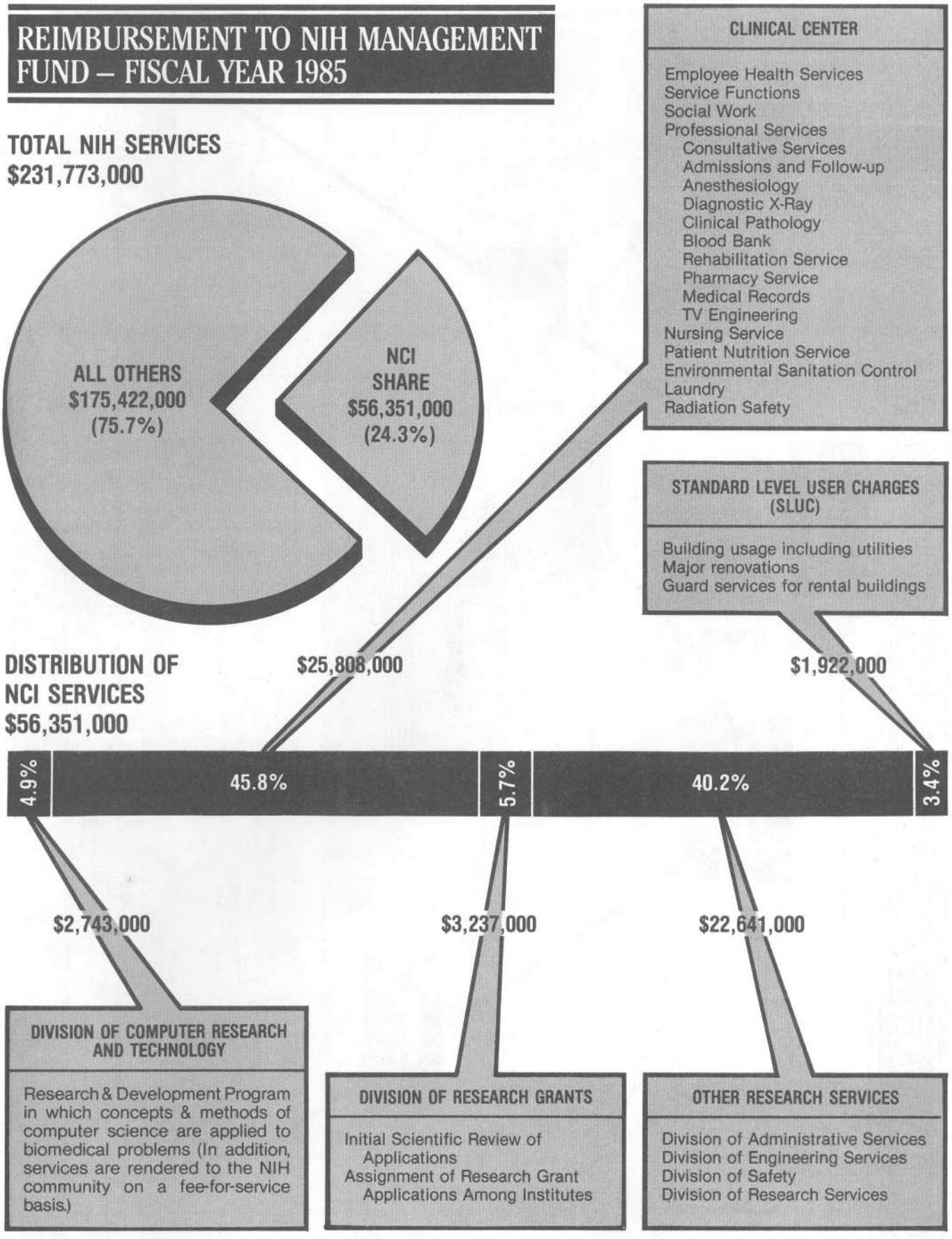
AMOUNT	MECHANISM	PERCENT OF TOTAL
RESEARCH PROJECT GRANTS		
$338,688	Traditional	28.8
6,581	Young Investigators	0.6
13,060	RFA's	1.1
135,984	Program Projects	11.5
10,296	Coop Agreements	0.9
3,770	SBIR Grants	0.3
7,896	Outstanding Investigator	0.7
200	Minority Supplements	0.0
516,475	Total	43.9
RESEARCH CENTERS GRANTS		
84,957	Center Core Grants	7.2
OTHER RESEARCH GRANTS		
2,656	Scientific Evaluation	0.2
531	Conference Grants	0.0
6,799	Research Career Programs	0.6
3,963	Clinical Education Programs	0.3
50,822	Clinical Cooperative Groups	4.3
935	National Organ Systems Program	0.1
3,373	Comp. Min. Bio. Supp. Prog.	0.3
492	Surgical Oncology	0.0
69,571	Total	5.9
TRAINING PROGRAM		
5,308	NRSA Individual	0.4
25,489	NRSA Institutional	2.2
30,797	Total	2.6

AMOUNT	MECHANISM	PERCENT OF TOTAL
RESEARCH AND DEVELOPMENT CONTRACTS		
$147,716	Research and Resource Contracts	12.5
5,416	SBIR Contracts	0.5
153,132	Total	13.0
CANCER CONTROL		
38,793	Cancer Control Grants	3.3
17,377	Cancer Control Contracts	1.5
7,624	Cancer Control Inhouse	0.6
63,794	Total	5.4
CONSTRUCTION		
5,469	Construction Grants	0.5
1,031	Construction Contracts	0.1
6,500	Total	0.6
INHOUSE		
193,978	Intramural Research	16.4
58,649	Research Management and Support	5.0
252,627	Total	21.4
TOTAL		
$1,177,853	**TOTAL NCI**	**100.0%**

CANCER PREVENTION AND CONTROL OBLIGATIONS BY MECHANISM – FISCAL YEARS 1976-1985

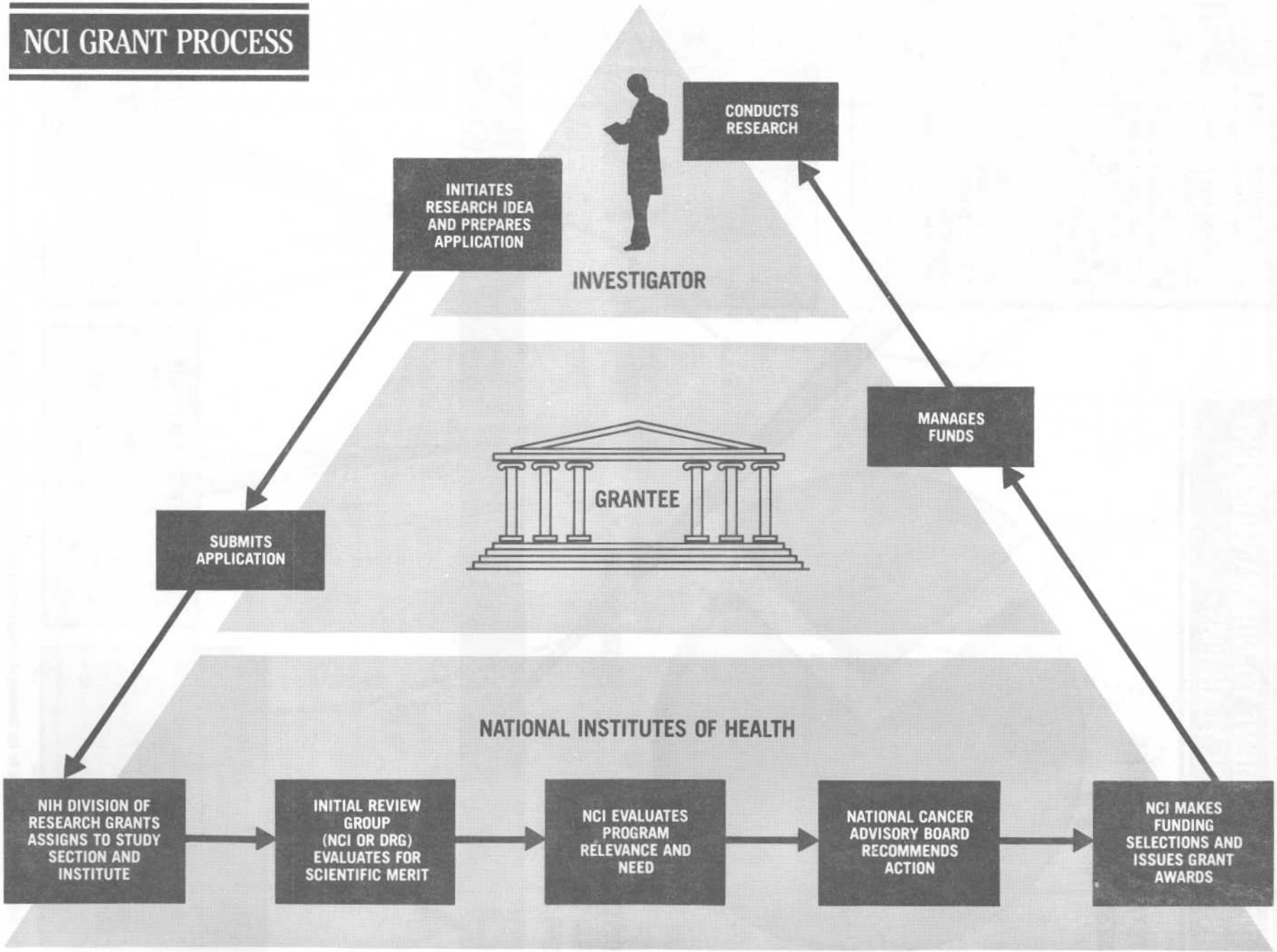


REIMBURSEMENT TO NIH MANAGEMENT FUND – FISCAL YEAR 1985



The Management Fund provides for the financing of certain common supporting research services and administrative activities which are required in the operations of NIH.

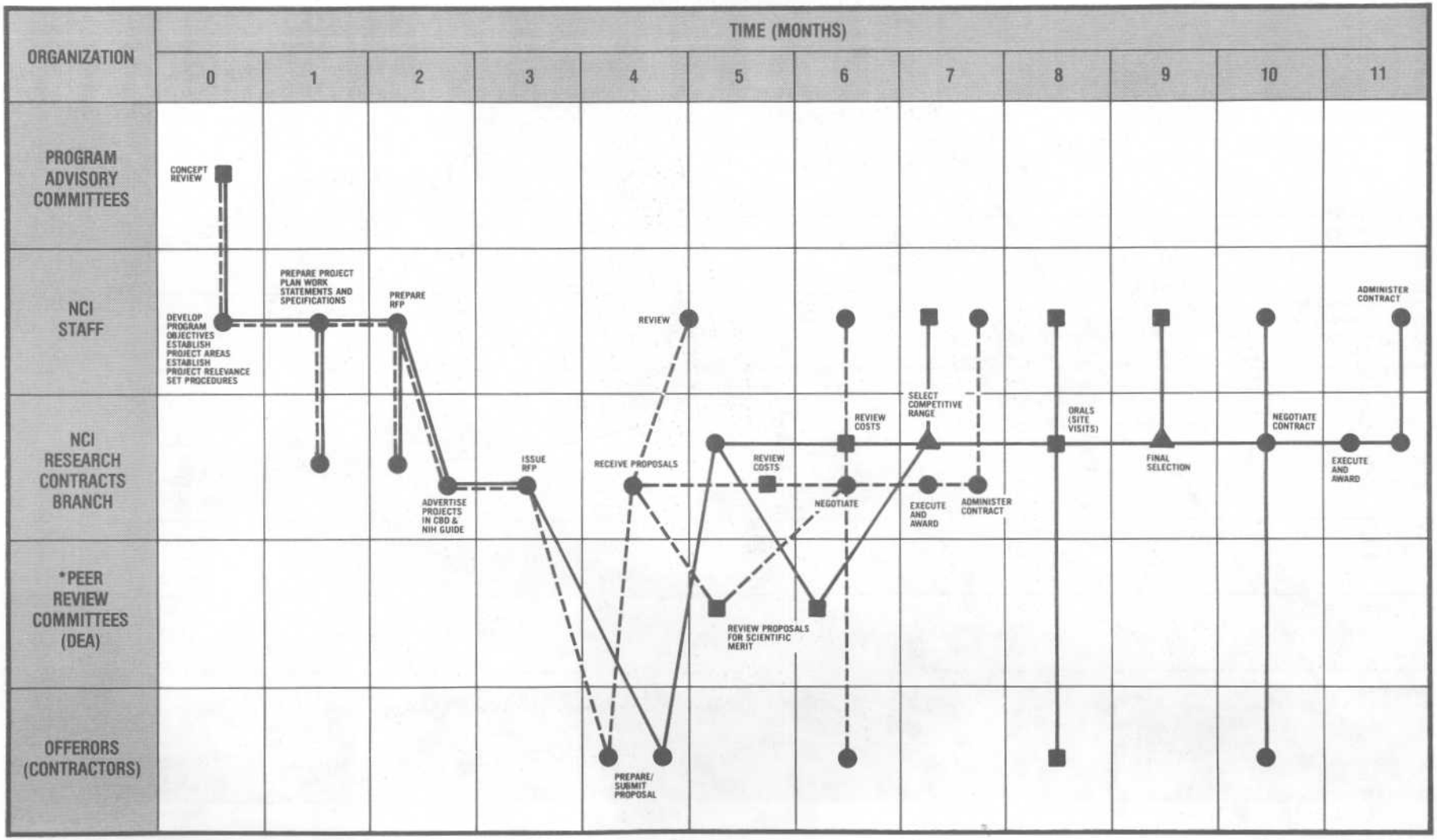
NCI GRANT PROCESS



NCI REQUEST FOR APPLICATION (RFA): THE PROCESS

MAJOR EVENT	TIME ELAPSED (MONTHS)	DIVISION	OFFICE OF THE DIRECTOR, NCI/ DIVISION OF EXTRAMURAL ACTIVITIES	BOARD OF SCIENTIFIC COUNSELORS	NATIONAL CANCER ADVISORY BOARD	DIVISION OF RESEARCH GRANTS (DRG)/ OFFICE OF EXTRAMURAL RESEARCH AND TRAINING (OERT)	APPLICANT
PREPARATION AND RELEASE	1	• Presentation of Idea	• Proper Funding Mechanism Sought • Approval of Concept by Executive Committee				
	2			• Concept Review Approval			
	3						
		• Develop RFA					
	4		• Review/Clearance of RFA Proposal			• Clearance by DRG, NIH • Acceptance by OERT, NIH	
	5					• Publication Scheduled by OERT, NIH • Published in *NIH Guide To Grants and Contracts*	• Prepare Application —Letter of Intent may be Required
REVIEW AND AWARD	8					• Receipt of Applications by DRG	
	13		• Initial Review DEA, NCI				
	14						
	15				• Review		
	16		• Funding Decisions				
	17						• Award

NCI CONTRACT AWARD PROCESS – UNDER CANCER ACT OF 1971



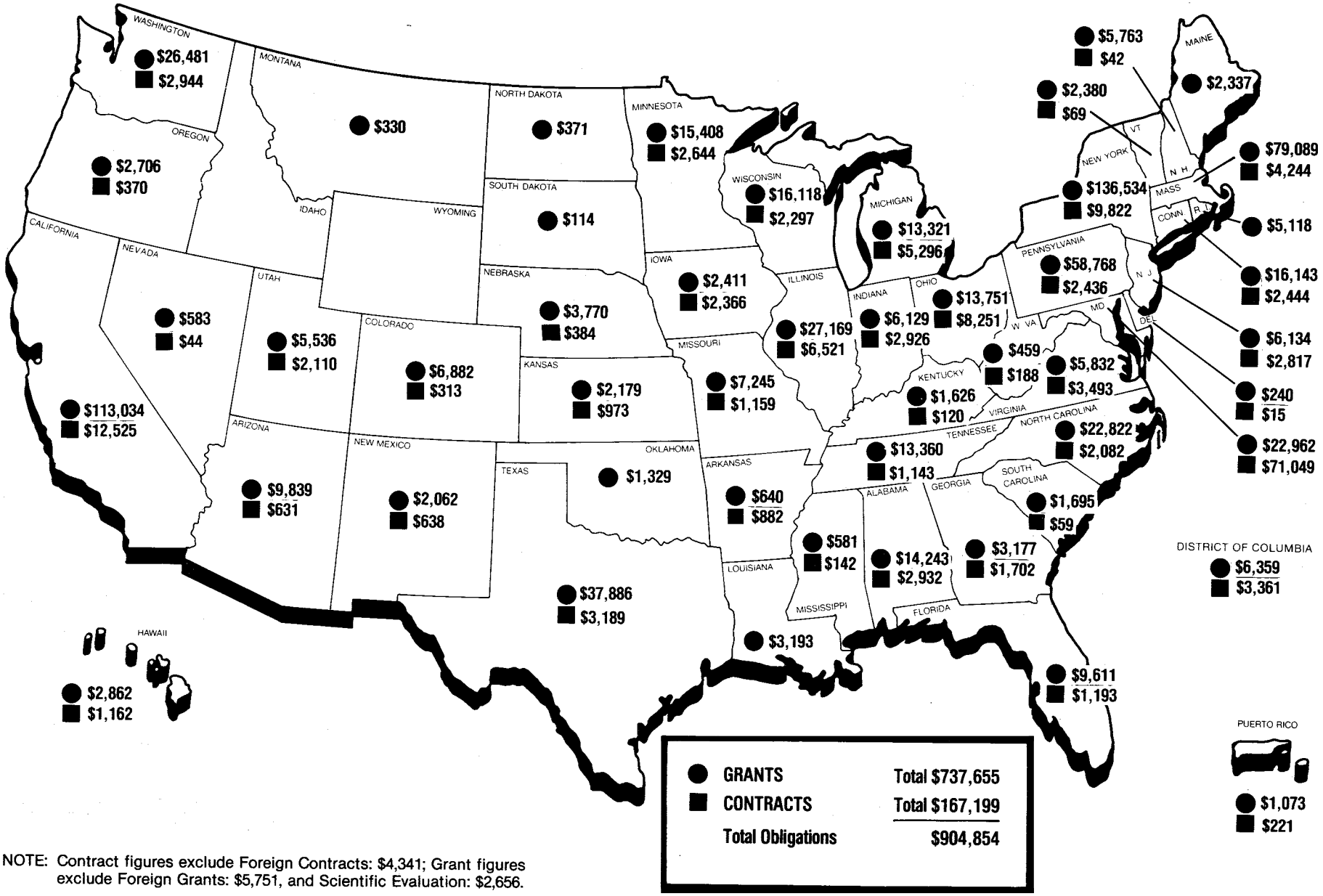
NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

LEGEND:

- ● OPERATION
- ■ REVIEW
- ▲ DECISION
- —— NORMAL COMPETITIVE FLOW
- – – – NON-COMPETITIVE CONTRACTS
- * AD HOC COMMITTEES MAY BE USED— INCLUDES NON-GOVERMENT EMPLOYEES

STATE DISTRIBUTION OF GRANTS AND CONTRACTS – FISCAL YEAR 1985

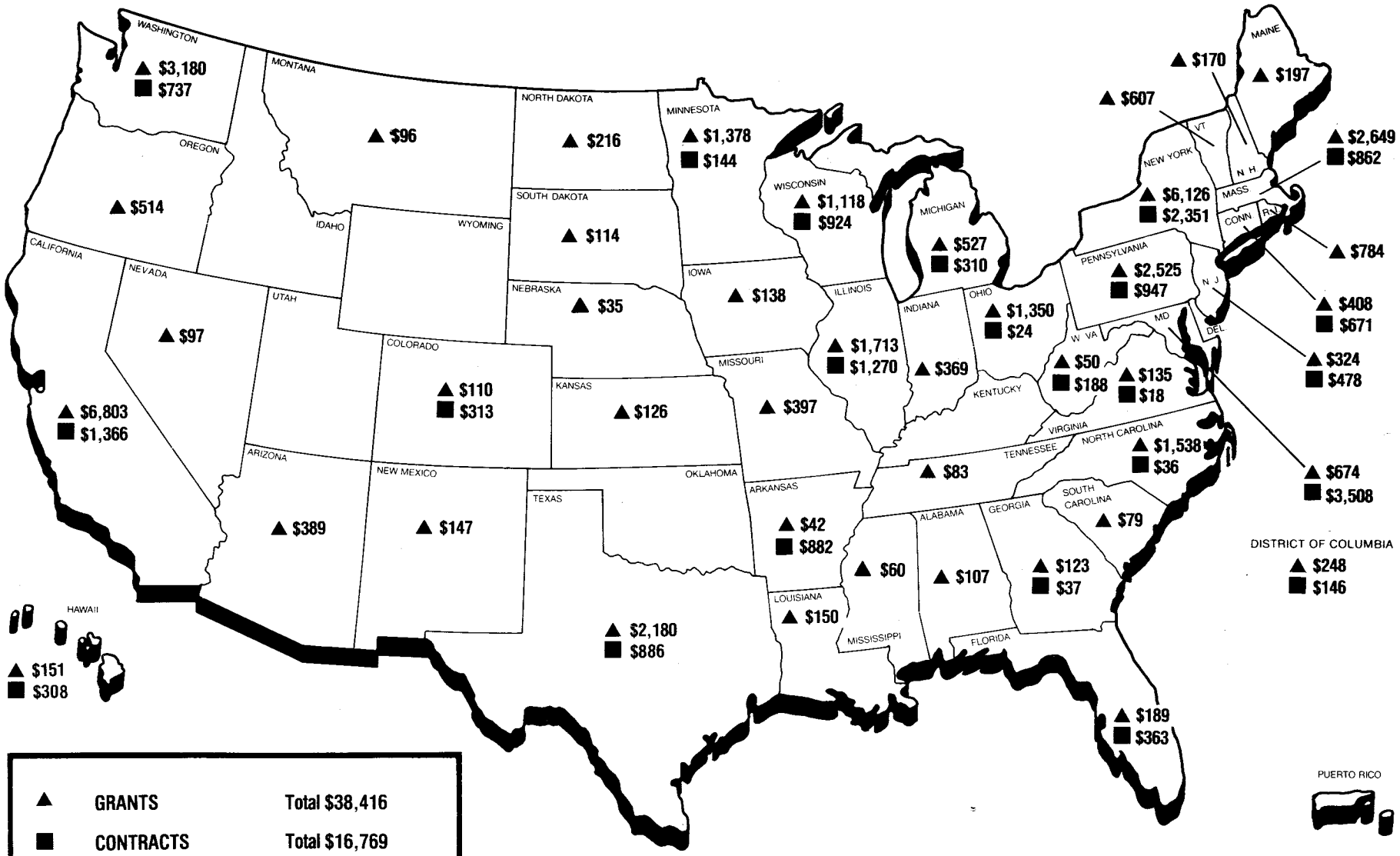
(DOLLARS IN THOUSANDS)



NOTE: Contract figures exclude Foreign Contracts: $4,341; Grant figures exclude Foreign Grants: $5,751, and Scientific Evaluation: $2,656.

DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS – FISCAL YEAR 1985

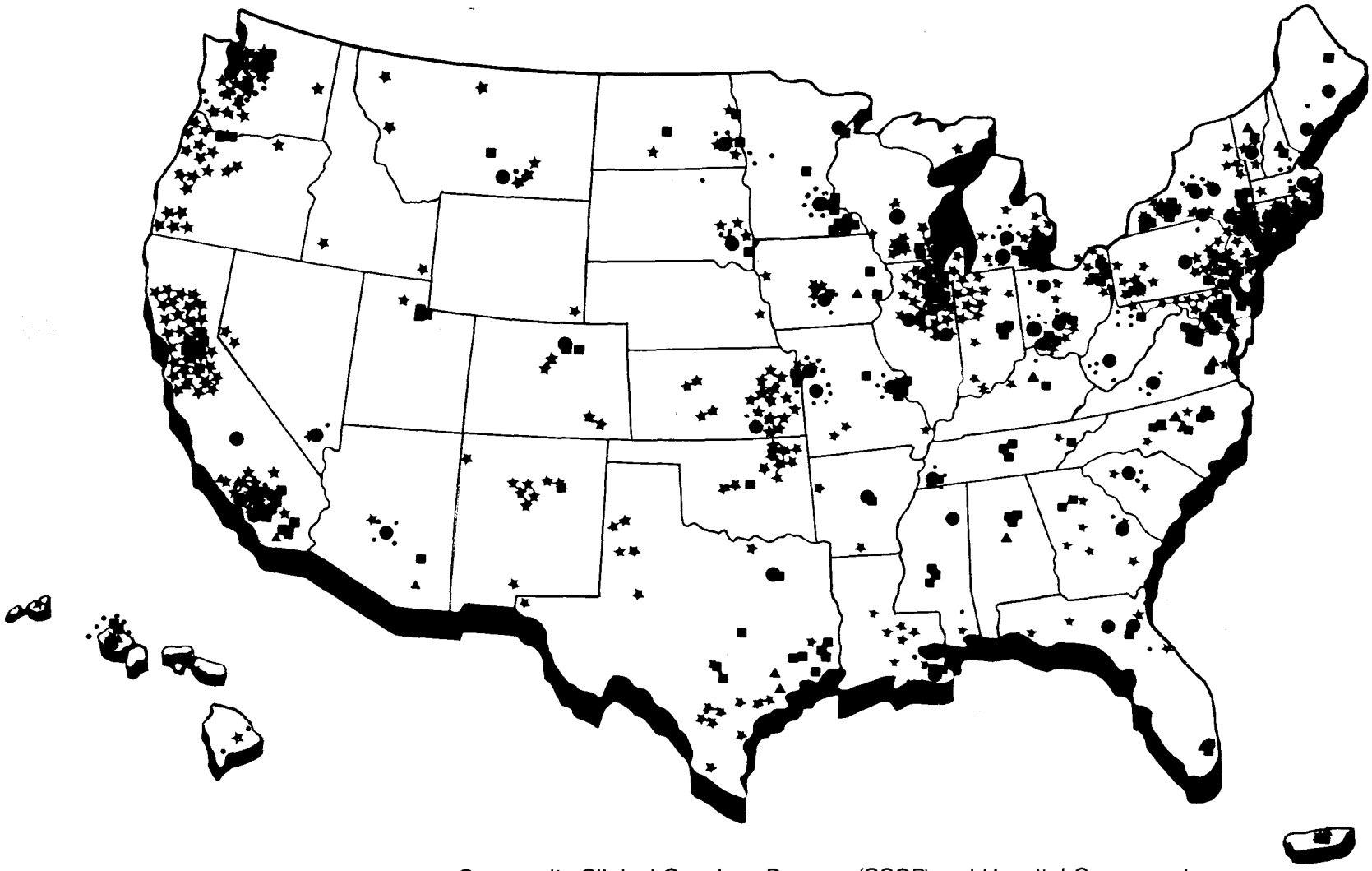
(DOLLARS IN THOUSANDS)



▲	GRANTS	Total $38,416
■	CONTRACTS	Total $16,769
	Total Obligations	$55,185

NOTE: Contract figures exclude Foreign Contracts: $608; Grant figures exclude Foreign Grants: $377.

NATIONAL CANCER NETWORK



- ●● Community Clinical Oncology Program (CCOP) and Hospital Components
- ▲ Cancer Centers
- ■ Clinical Cooperative Group Members
- ★ Cooperative Group Outreach Program (CGOP) Components

INSTITUTIONS RECEIVING MORE THAN $3,000,000 FROM THE NCI – FISCAL YEAR 1985

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
University of Alabama System	9,383	203	0	9,586	ALABAMA
Southern Research Institute	3,904	2,544	0	6,448	ALABAMA
University of Arizona	7,464	631	1,524	9,619	ARIZONA
University of California	54,152	2,269	0	56,421	CALIFORNIA
University of Southern California	14,944	1,193	0	16,137	CALIFORNIA
Stanford University	13,566	161	0	13,727	CALIFORNIA
Litton Industries	0	11,819	0	11,819	CALIFORNIA
Scripps Clinic and Research Foundation	5,729	587	0	6,316	CALIFORNIA
Northern California Cancer Program, Inc	3,026	2,345	0	5,371	CALIFORNIA
Salk Institute for Biological Studies	5,219	0	0	5,219	CALIFORNIA
La Jolla Cancer Research Foundation	3,498	0	307	3,805	CALIFORNIA
Whittaker Corporation	0	3,550	0	3,550	CALIFORNIA
SRI International	1,838	1,174	0	3,012	CALIFORNIA
University of Colorado System	3,160	0	0	3,160	COLORADO
Yale University	14,446	1,059	0	15,505	CONNECTICUT
University of Miami	4,296	437	0	4,733	FLORIDA
State University System of Florida	4,429	215	0	4,644	FLORIDA
Emory University	2,313	1,034	0	3,347	GEORGIA
University of Hawaii System	2,277	950	0	3,227	HAWAII
University of Chicago	10,356	89	0	10,445	ILLINOIS
University of Illinois	3,976	516	0	4,492	ILLINOIS
IIT Research Institute	636	3,580	0	4,216	ILLINOIS
Northwestern University	2,822	1,059	0	3,881	ILLINOIS
Indiana University	3,042	0	0	3,042	INDIANA
University of Iowa	2,202	2,366	0	4,568	IOWA
Program Resources, Inc	0	24,948	0	24,948	MARYLAND
Johns Hopkins University	18,409	650	0	19,059	MARYLAND
Westat, Inc	34	6,576	0	6,610	MARYLAND
U.S. Department of the Army-Ft. Detrick	190	5,601	0	5,791	MARYLAND
Dana-Farber Cancer Institute	20,087	391	0	20,478	MASSACHUSETTS
Harvard University	12,025	503	0	12,528	MASSACHUSETTS
Massachusetts Institute of Technology	10,359	140	0	10,499	MASSACHUSETTS
Massachusetts General Hospital	7,060	129	0	7,189	MASSACHUSETTS
Brigham and Women's Hospital	4,077	14	0	4,091	MASSACHUSETTS
Boston University	3,861	0	0	3,861	MASSACHUSETTS
Tufts University	3,629	0	0	3,629	MASSACHUSETTS
University of Massachusetts	3,353	0	0	3,353	MASSACHUSETTS
Michigan Cancer Foundation	2,934	2,988	0	5,922	MICHIGAN
University of Michigan	5,441	191	0	5,632	MICHIGAN
University of Minnesota	8,051	957	0	9,008	MINNESOTA
Mayo Foundation	7,018	1,587	0	8,605	MINNESOTA
Washington University	4,383	0	0	4,383	MISSOURI
University of Nebraska System	3,641	384	0	4,025	NEBRASKA
Dartmouth College	5,591	0	0	5,591	NEW HAMPSHIRE
Memorial Sloan-Kettering Cancer Center	31,687	2,182	0	33,869	NEW YORK

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
New York State Dept of Health	16,080	1,629	0	17,709	NEW YORK
Columbia University	13,075	0	0	13,075	NEW YORK
University of Rochester	10,340	0	900	11,240	NEW YORK
Yeshiva University	9,988	0	238	10,226	NEW YORK
New York University	9,469	0	0	9,469	NEW YORK
American Health Foundation	6,856	511	0	7,367	NEW YORK
Cold Spring Harbor Laboratory	6,610	0	0	6,610	NEW YORK
State University of New York	5,565	191	0	5,756	NEW YORK
Rockefeller University	4,810	0	0	4,810	NEW YORK
Cornell University	4,224	543	0	4,767	NEW YORK
City University of New York	4,481	0	0	4,481	NEW YORK
Duke University	11,731	284	0	12,015	NORTH CAROLINA
University of North Carolina System	7,806	0	0	7,806	NORTH CAROLINA
Ohio State University	4,383	313	0	4,696	OHIO
Battelle Memorial Institute	359	3,362	0	3,721	OHIO
Case Western Reserve University	3,628	0	0	3,628	OHIO
Cleveland Clinic Foundation	1,466	1,720	0	3,186	OHIO
University of Pennsylvania	9,024	294	2,500	11,818	PENNSYLVANIA
Institute for Cancer Research	9,624	179	0	9,803	PENNSYLVANIA
Wistar Institute of Anatomy and Biology	9,351	0	0	9,351	PENNSYLVANIA
University of Pittsburgh	6,227	560	0	6,787	PENNSYLVANIA
Pennsylvania State University	6,588	0	0	6,588	PENNSYLVANIA
Temple University	3,604	0	0	3,604	PENNSYLVANIA
Hahnemann University	3,086	0	0	3,086	PENNSYLVANIA
St. Jude Children's Research Hospital	7,437	0	0	7,437	TENNESSEE
University of Texas System	28,404	2,837	0	31,241	TEXAS
Baylor College of Medicine	5,534	20	0	5,554	TEXAS
Utah State Higher Education System	5,284	1,868	0	7,152	UTAH
Fred Hutchinson Cancer Research Center	16,662	1,424	0	18,086	WASHINGTON
University of Washington	6,600	1,278	0	7,878	WASHINGTON
University of Wisconsin System	14,829	1,861	0	16,690	WISCONSIN

TOTAL	**$581,633**	**$103,896**	**$5,469**	**$690,998**
PERCENT OF TOTAL	**84.2**	**15.0**	**0.8**	**100.0**
TOTAL NCI FISCAL YEAR 1985 OBLIGATIONS	**$1,177,853**			
PERCENT OF TOTAL NCI OBLIGATIONS	**49.4**	**8.8**	**0.5**	**58.7**

DISTRIBUTION OF NCI CONTRACTS – FISCAL YEAR 1985

PROGRAM DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
2.6	16	Division of Cancer Biology and Diagnosis	$4,178	2.4
51.5	319	Division of Cancer Treatment	60,970	35.8
25.4	157	Division of Cancer Etiology	37,461	22.0
19.4	120	Division of Cancer Prevention and Control	33,695	19.8
1.1	7	Office of the Director	34,205	20.0
	619	TOTALS	$170,509	

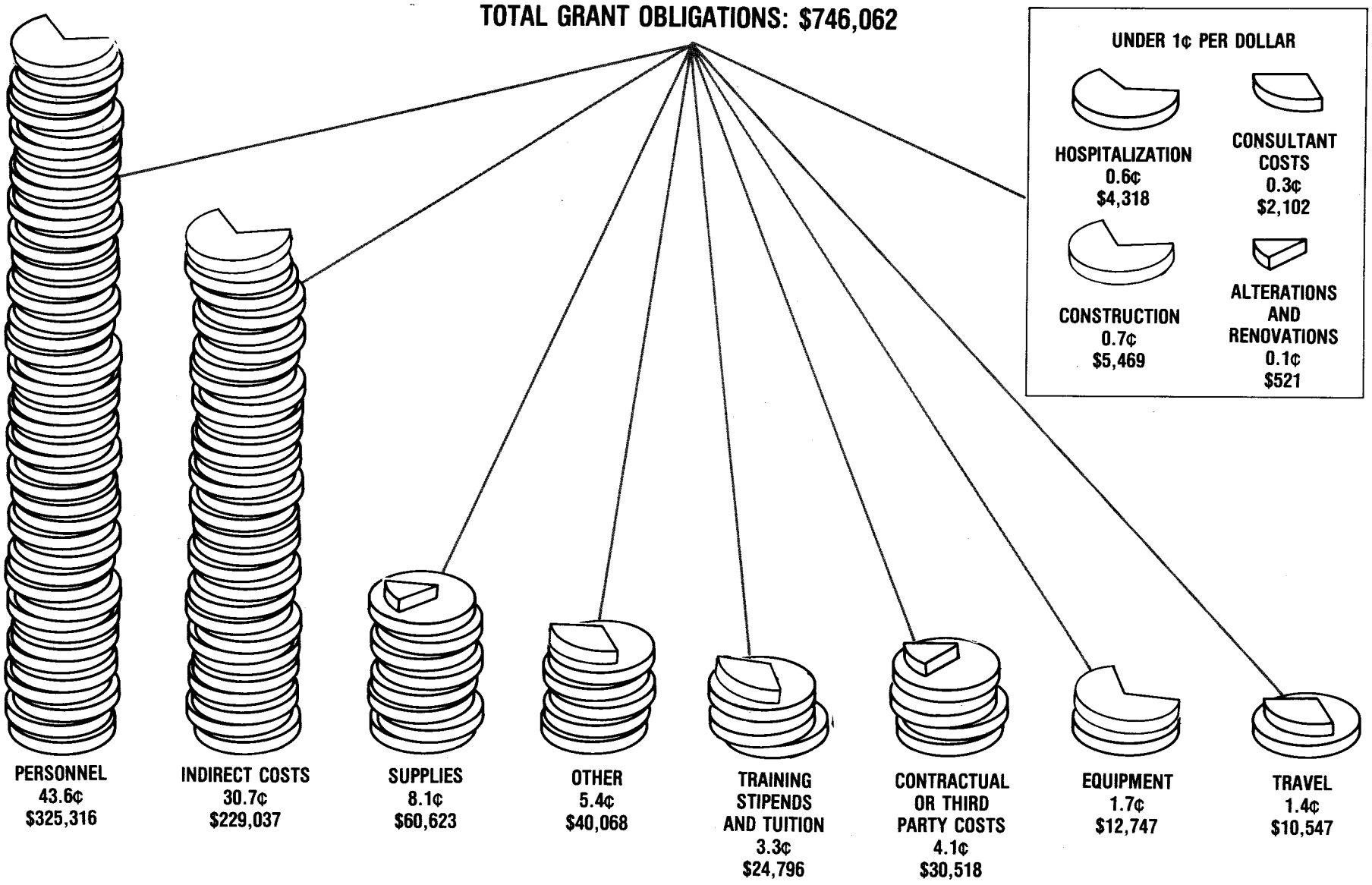
INSTITUTIONAL DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
43.1	267	Profit-Making	$81,693	47.9
22.0	136	Academic	30,672	18.0
20.7	128	Non-Profit	35,506	20.8
7.8	48	Federal Government	14,494	8.5
2.4	15	State and Local Government	3,953	2.3
4.0	25	Foreign	4,191	2.5
	619	TOTALS	$170,509	

NOTE: Excludes contracts that are not in direct support of research or control, such as Cancer Communications, Program Planning, and Construction contracts.

DISTRIBUTION OF THE GRANT DOLLAR – FISCAL YEAR 1985

(DOLLARS IN THOUSANDS)



MINORITY-FOCUSED PROGRAMS

Comprehensive Minority Biomedical Program (CMBP):

1. Promotes broadened participation by minorities in cancer-related research training.
2. Contributes to the support of NCI and clinical cooperative research groups to better enable NCI's research to reach and support minority populations that are particularly susceptible to cancer.
3. Provides additional support to NCI-funded investigators who wish to engage minority investigators in their research.
4. Encourages participation in annual meetings of the American Association for Cancer Research by providing travel support for minority scientists who are engaged in cancer research or who have training that could lead to contributions in this field.

Cancer Control Intervention Research Activities:

Due to major differentials which exist in cancer incidence, mortality and survival between minority populations and non-minority populations, an intervention research program has been established. Current program initiatives include:

1. Smoking prevention and cessation programs to identify and correct the causes of avoidable deaths from cancer in Black populations.
2. Establishment of a Research Network for Black Populations has been formed to address important scientific and social issues relevant to this population.
3. Data collection efforts on cancer in Hispanics has been increased.
4. Development of a Hispanic community liaison function is being addressed in order to reach this population.

APPROPRIATIONS OF THE NCI 1938-1986

1938 THROUGH 1966 $1,331,538,220

1967	175,656,000	**14.9%**
1968	183,356,000	**$2,296,568,783**
1969	185,149,500	
1970	190,486,063	
1971	230,383,000	

1972	$ 378,794,000	**85.1%**
1973	492,205,000	**$13,140,161,500**
1974	551,191,500	
1975	691,666,000[1]	
1976	761,727,000	
"TQ"	152,901,000[2]	
1977	815,000,000	
1978	872,388,000[3]	
1979	937,129,000	
1980	1,000,000,000[4]	
1981	989,355,000[5]	
1982	986,617,000[6]	
1983	987,642,000[7]	
1984	1,081,581,000[8]	
1985	1,183,806,000	
1986	1,258,159,000	

TOTAL (1938-1986).....$15,436,730,283

TRANSITION QUARTER ("**TQ**")—July 1, 1976 through September 30, 1976-The Interim Period in the changing of the Federal Fiscal Year from July 1 through June 30, to October 1 through September 30.

[1]Includes $18,163,000 for training funds provided by Continuing Resolution.

[2]Includes $3,201,000 for training funds provided by Continuing Resolution.

[3]Includes $20,129,000 for training funds provided by Continuing Resolution.

[4]1980 appropriation authorized under a Continuing Resolution.

[5]Reflects 1981 rescission of $11,975,000.

[6]Amount included in Continuing Resolution. Includes $47,988,000 transferred to the National Institute of Environmental Health Sciences for the National Toxicology Program.

[7]Appropriated under Continuing Resolution and Supplemental Appropriation Bill.

[8]Includes $23,861,000 for training funds provided by a Continuing Resolution and $4,278,000 in a Supplemental Appropriation Bill.

NCI BUDGET HISTORY BY MECHANISM: SELECTED FISCAL YEARS: 1972, 1980, 1985

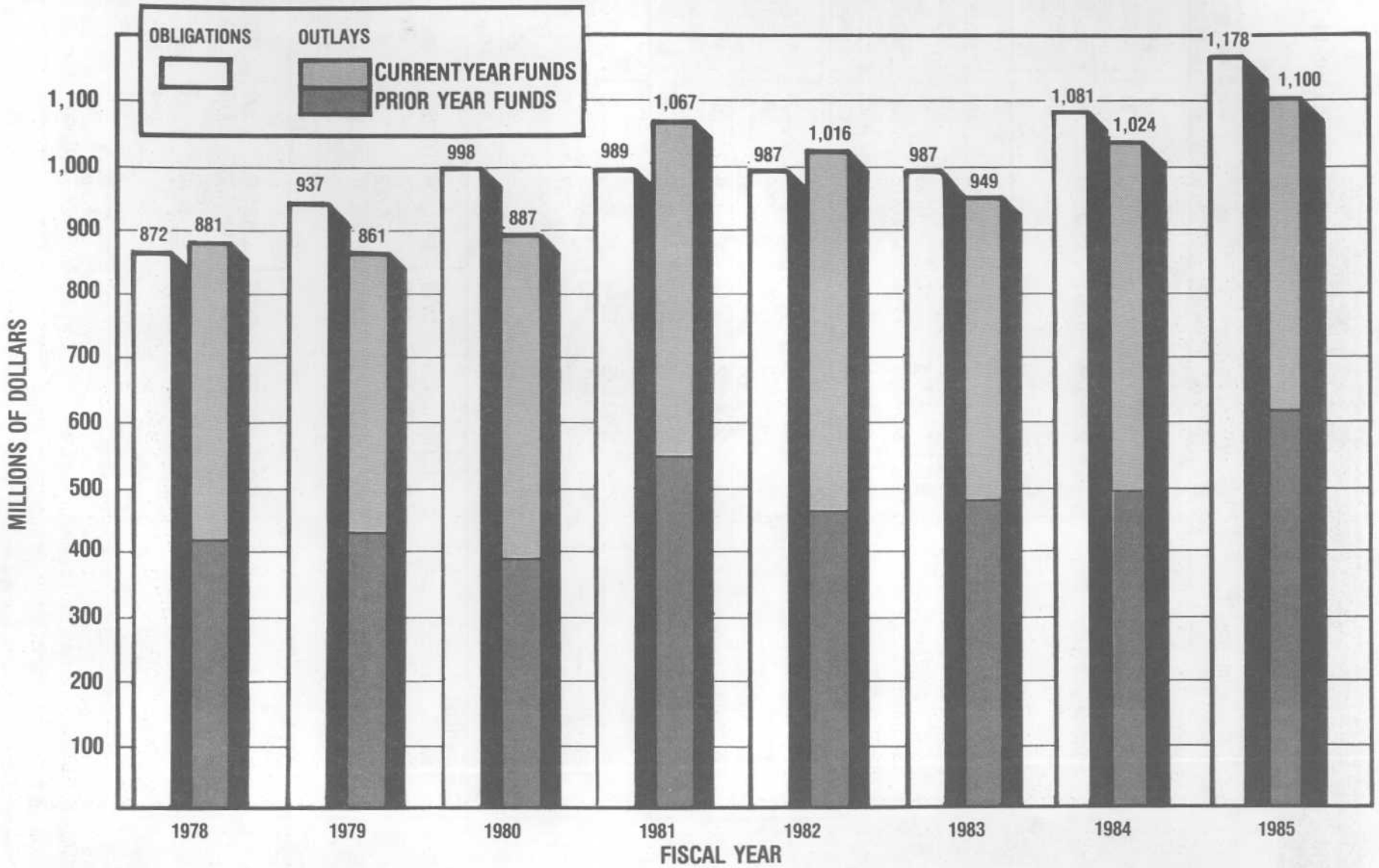
	1972 Actual		1980 Actual		1985 Actual	
	Amount	% of Total	Amount	% of Total	Amount	% of Total
Group I—Investigator Initiated:						
Regular Research Grants	60,073	19.0	216,081	30.9	352,426	40.9
Clinical Cooperative Groups	10,102	3.2	36,884	5.3	50,822	5.9
Program Projects—PO1's	39,260	12.4	104,643	14.9	135,984	15.8
Clinical Education Program	—		10,906	1.6	3,963	0.5
Research Career Program	2,026	.6	5,014	0.7	6,799	0.8
Fellowships and Training	18,395	5.8	27,260	3.9	30,797	3.6
Organ Site	638	.2	17,554	2.5		
Cancer Centers-Core Support	10,090	3.2	67,421	9.6	84,957	9.9
Other Center Support Grants	1,089	.3	591	0.1		
Cooperative Agreements					10,296	1.2
Comp. Minority Biomedical Support			1,980	0.3	3,373	0.4
Organ System					935	0.1
Outstanding Invest Grant					7,896	0.8
Subtotal	141,673	44.7	488,334	69.8	688,248	79.9
(Small Business Grants)					(3,770)	(0.4)
Group II-Co-Initiated:						
RFAs			6,683	1.0	13,060	1.5
Research Contracts	46,802	14.8	55,265	7.8	28,146	3.3
RFA-R21s					492	0.0
Subtotal	46,802	14.8	61,948	8.8	41,698	4.8
(Small Business Contracts)					(5,416)	(0.6)
Group III-NCI/NCP Initiated:						
Resource Support Contracts	63,194	20.0	115,425	16.5	113,263	13.1
Interagency Agreements	12,053	3.8	18,740	2.7	11,723	1.4
Subtotal	75,247	23.8	134,165	19.2	124,986	14.5
Group IV-Other Resources:						
Planning Grants	1,698	.5	221	0.0		
Construction Grants	47,004	14.9	10,814	1.5	5,432	0.6
Construction Contracts	3,999	1.3	4,618	0.7	1,068	0.2
Subtotal	52,701	16.7	15,653	2.2	6,500	0.8
Total	316,423	100.0	700,100	100.0	861,432	100.0
% Total		84.3		73.1		73.1
In-House Research	25,696	6.8	98,665	10.3	128,631	10.9
Management & Support	33,246	8.9	95,735	10.0	131,620	11.2
(NIH Management Fund)	(12,910)	(3.4)	(39,549)	(4.1)	(56,351)	(4.8)
Cancer Control (Grants & Contracts)			63,663	6.6	56,170	4.8
Subtotal	58,942	15.7	258,063	26.9	316,421	26.9
TOTAL NCI	**375,365**	**100.0**	**958,163**	**100.0**	**1,177,853**	**100.0**
Transfers:						
Diagnostic Radiation	(2,800)	(.8)	(3,611)	0.4		
National Toxicology Program			(43,495)			

COMPARISON OF DOLLARS, POSITIONS AND SPACE

	DOLLARS			POSITIONS			SPACE		
	OBLIGATIONS ($000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ACTUAL FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR
1971	232,855	Base Year	—	1426	Base Year	—	321,230	Base Year	—
1972	378,636	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6
1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6
1974	581,149	149.6	34.8	1805	26.6	4.0	381,436	18.7	6.6
1975	699,320	200.3	20.3	1849	29.7	2.4	382,485	19.1	0.2
1976	760,751	226.7	8.8	1955	37.1	5.7	387,324	20.6	1.3
1977	814,957	250.0	7.1	1986	39.3	1.6	428,285	33.3	10.6
1978	872,369	275.0	7.2	1969	38.1	−0.9	491,725	53.1	14.8
1979	936,969	302.3	7.4	1973	38.4	0.2	493,156	53.5	0.3
1980	998,047	328.6	6.5	1837	28.8	−6.7	467,730	45.6	−5.2
1981	989,338	324.9	−0.9	1815	27.3	−1.2	472,633	47.1	1.0
1982	986,564	323.7	−0.3	1703	19.4	−6.2	477,782	48.7	1.1
1983	986,811	323.8	0.02	1731	21.4	1.6	484,093	50.7	1.3
1984	1,081,460	364.4	9.6	1698	19.1	−1.9	466,890	45.3	−3.6
1985	1,177,853	405.8	8.9	1596	11.9	−6.1	466,890	45.3	.0

*Does not include the Frederick Cancer Research Facility.

NATIONAL CANCER INSTITUTE OBLIGATIONS AND OUTLAYS, FISCAL YEARS 1978-1985



OBLIGATIONS: Orders placed, grants and contracts awarded, salaries earned and similar financial transactions which legally utilize or reserve an appropriation for expenditure.

OUTLAYS: Payments (cash or checks) made from current or prior year appropriations.

NCI TOTAL RESEARCH PROJECTS – 1980-1985

(DOLLARS IN THOUSANDS)

FISCAL YEAR	TYPE AWARDED	REQUESTED NUMBER	REQUESTED AMOUNT	RECOMMENDED NUMBER	RECOMMENDED AMOUNT	AWARDED NUMBER	AWARDED AMOUNT	PERCENT FUNDED[1]
1980	Competing							
	New	1,913	$219,207	1,403	$117,167	461	$45,303	32.9%
	Renewal	593	115,053	550	73,680	293	45,802	53.3
	Board Supplement	43	2,619	38	1,492	29	1,261	76.3
	Subtotal	2,549	$336,879	1,991	$192,339	783	$92,366	39.3
	Noncompeting					1,762	228,959	
	Total					**2,545**	**$321,325**	
1981	Competing							
	New	2,017	$277,145	1,594	$156,704	483	$53,004	30.3
	Renewal	687	131,355	653	91,034	311	48,122	47.6
	Board Supplement	61	3,776	47	1,738	32	940	68.1
	Subtotal	2,765	$412,276	2,294	$249,476	826	$102,066	36.0
	Noncompeting					1,802	253,389	
	Total					**2,628**	**$355,455**	
1982	Competing[3]							
	New	2,187	$308,153	1,784	$189,245	434	$47,224	24.3
	Renewal	730	174,573	706	117,099	323	50,186	45.7
	Board Supplement	28	2,266	24	1,289	4	86	16.7
	Subtotal	2,945	$484,992	2,514	$307,633	761	$97,496	30.3
	Noncompeting					1,797	260,853	
	Total					**2,558**	**$358,349**	
1983	Competing[3]							
	New	2,229	$323,572	1,844	$215,945	529	$55,316	28.7
	Renewal	783	160,881	763	113,664	358	56,698	46.9
	Board Supplement	23	2,492	15	727	3	110	20.0
	Subtotal	3,035	$486,945	2,622	$330,336	890	$112,124	33.9
	Noncompeting					1,923	294,019	
	Total					**2,813**	**$406,143**	
1984	Competing							
	New	2,113	$310,433	1,773	$207,996	558	$68,376	31.5
	Renewal	774	179,764	745	135,253	416	90,140	55.8
	Board Supplement	13	1,766	11	788	3	105	22.3
	Subtotal	2,900	$491,963	2,529	$344,037	977	$158,621	38.6
	Noncompeting					1,869	302,626	
	Total					**2,846**	**$461,247**	
1985	Competing							
	New	2,400	$398,621	2,042	$282,590	599	$83,691	29.3
	Renewal	782	183,483	758	140,472	416	84,708	54.9
	Board Supplement	19	1,659	13	850	2	65	15.4
	Subtotal	3,201	$583,763	2,813	$423,912	1,017	$168,464	36.2
	Noncompeting					1,964	348,011	
	Total					**2,981**	**$516,475**	

Note: Includes RO1 traditional grants, PO1 program projects, R23 new investigator research awards, R35 Outstanding Investigator Grants, RO1 and UO1 awards of RFA's, and R43/R44 Small Business Innovative Research awards.

[1]Percent Funded; Number Awarded ÷ Number Recommended.

[2]Because of fiscal restraints, grants were awarded below recommended levels.

*U.S. GOVERNMENT PRINTING OFFICE: 1986-491-292:41055

National Cancer Institute